

**GENERAL-PURPOSE COMMITTEE
CAMPAIGN FINANCE REPORT**

**FORM GPAC
COVER SHEET PG 1**

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00084832	2 Total pages filed: 1255
3 COMMITTEE NAME National Democratic Redistricting Committee		OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/12/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1032 15th St. NW Ste. 247 Washington , DC 20005		
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Kirsten NICKNAME LAST SUFFIX Collings	MI	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 1032 15th Street NW Ste 247 Washington, DC 20005		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE 1032 15th Street NW Ste 247 Washington, DC 20005		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (202) 788-6888		
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> July 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> 8th day before election <input type="checkbox"/> Runoff	<input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> 10th day after campaign treasurer termination	
10 PERIOD COVERED	Month Day Year 07/01/2023	THROUGH	Month Day Year 12/31/2023
11 ELECTION	ELECTION DATE Month Day Year 11/07/2023	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	ELECTION TYPE <input type="checkbox"/> Runoff <input type="checkbox"/> Special <input type="checkbox"/> Other

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME National Democratic Redistricting Committee	13 Filer ID (Ethics Commission Filers) 00084832
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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	\$ 119,786.77
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 923,601.87
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 854.13
	4. TOTAL POLITICAL EXPENDITURES	\$ 660,327.93
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 286,596.72
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.

Kirsten Collings

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 National Democratic Redistricting Committee		18 Filer ID (Ethics Commission Filers) 00084832
19 SCHEDULE SUBTOTALS		SUBTOTAL AMOUNT
	NAME OF SCHEDULE	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 923,601.87
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	\$ 660,327.93
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/1229 Rpt: 4/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/08/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abrams, Jeffrey J.	7 Amount of Contribution (\$) \$50,000.00
	6 Contributor address; City; State; Zip Code Santa Monica, CA 90404-3721	
8 Principal occupation / Job title (See Instructions) Founder		9 Employer (See Instructions) Bad Robot
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Wade	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Baton Rouge, LA 70810-5335	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Wade	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Baton Rouge, LA 70810-5335	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Wade	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Baton Rouge, LA 70810-5335	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Wade	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Baton Rouge, LA 70810-5335	
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: 2/1229 Rpt: 5/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Wade <hr/> 6 Contributor address; City; State; Zip Code Baton Rouge, LA 70810-5335	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Wade <hr/> Contributor address; City; State; Zip Code Baton Rouge, LA 70810-5335	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Addison, Randall <hr/> Contributor address; City; State; Zip Code Twinsburg, OH 44087-2999	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adler, Patricia <hr/> Contributor address; City; State; Zip Code Kihei, HI 96753-7771	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University Of Colorado Boulder
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adler, Patricia <hr/> Contributor address; City; State; Zip Code Kihei, HI 96753-7771	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University Of Colorado Boulder

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/1229 Rpt: 6/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adler, Patricia 6 Contributor address; City; State; Zip Code Kihei, HI 96753-7771	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University Of Colorado Boulder
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adler, Patricia Contributor address; City; State; Zip Code Kihei, HI 96753-7771	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University Of Colorado Boulder
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adler, Patricia Contributor address; City; State; Zip Code Kihei, HI 96753-7771	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University Of Colorado Boulder
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahn, Sandra Contributor address; City; State; Zip Code Oakland, CA 94602-2003	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahronheim, Robert Contributor address; City; State; Zip Code Ann Arbor, MI 48104-6247	Amount of Contribution (\$) \$60.00
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: 4/1229 Rpt: 7/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahronheim, Robert <hr/> 6 Contributor address; City; State; Zip Code Ann Arbor, MI 48104-6247	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahronheim, Robert <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48104-6247	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahronheim, Robert <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48104-6247	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahronheim, Robert <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48104-6247	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ahronheim, Robert <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48104-6247	Amount of Contribution (\$) \$60.00
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: 5/1229 Rpt: 8/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albrecht, Peter <hr/> 6 Contributor address; City; State; Zip Code Spokane, WA 99217-7361	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albrecht, Peter <hr/> Contributor address; City; State; Zip Code Spokane, WA 99217-7361	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albrecht, Peter <hr/> Contributor address; City; State; Zip Code Spokane, WA 99217-7361	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albrecht, Peter <hr/> Contributor address; City; State; Zip Code Spokane, WA 99217-7361	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albrecht, Peter <hr/> Contributor address; City; State; Zip Code Spokane, WA 99217-7361	Amount of Contribution (\$) \$10.00
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: 6/1229 Rpt: 9/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albrecht, Peter <hr/> 6 Contributor address; City; State; Zip Code Spokane, WA 99217-7361	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Brigitte <hr/> Contributor address; City; State; Zip Code Kennett Sq, PA 19348-2009	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Brigitte <hr/> Contributor address; City; State; Zip Code Kennett Sq, PA 19348-2009	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Brigitte <hr/> Contributor address; City; State; Zip Code Kennett Sq, PA 19348-2009	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Brigitte <hr/> Contributor address; City; State; Zip Code Kennett Sq, PA 19348-2009	Amount of Contribution (\$) \$10.00
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: 7/1229 Rpt: 10/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Henry <hr/> 6 Contributor address; City; State; Zip Code Poestenkill, NY 12140-3016	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Henry <hr/> Contributor address; City; State; Zip Code Poestenkill, NY 12140-3016	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Henry <hr/> Contributor address; City; State; Zip Code Poestenkill, NY 12140-3016	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Henry <hr/> Contributor address; City; State; Zip Code Poestenkill, NY 12140-3016	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Henry <hr/> Contributor address; City; State; Zip Code Poestenkill, NY 12140-3016	Amount of Contribution (\$) \$20.00
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: 8/1229 Rpt: 11/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Henry <hr/> 6 Contributor address; City; State; Zip Code Poestenkill, NY 12140-3016	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E. <hr/> Contributor address; City; State; Zip Code University Place, WA 98466-5206	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E. <hr/> Contributor address; City; State; Zip Code University Place, WA 98466-5206	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E. <hr/> Contributor address; City; State; Zip Code University Place, WA 98466-5206	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E. <hr/> Contributor address; City; State; Zip Code University Place, WA 98466-5206	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: 9/1229 Rpt: 12/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code University Place, WA 98466-5206	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code University Place, WA 98466-5206	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code University Place, WA 98466-5206	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code University Place, WA 98466-5206	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code University Place, WA 98466-5206	
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: 10/1229 Rpt: 13/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E.	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code University Place, WA 98466-5206		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code University Place, WA 98466-5206		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alexander, Susan E.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code University Place, WA 98466-5206		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, John	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Dallas, TX 75248-5249		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, John	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75248-5249		
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: 11/1229 Rpt: 14/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, John <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75248-5249	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, John <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-5249	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Susan <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30305-3403	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Emory University
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Susan <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30305-3403	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Emory University
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Susan <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30305-3403	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Emory University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/1229 Rpt: 15/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Susan <hr/> 6 Contributor address; City; State; Zip Code Atlanta, GA 30305-3403	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Emory University
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Susan <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30305-3403	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Emory University
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Susan <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30305-3403	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Emory University
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alpert, Ralph <hr/> Contributor address; City; State; Zip Code Santa Cruz, CA 95060-2203	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarez, Pablo <hr/> Contributor address; City; State; Zip Code Brookline, MA 02446-6242	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Akamai Technologies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/1229 Rpt: 16/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarez, Pablo <hr/> 6 Contributor address; City; State; Zip Code Brookline, MA 02446-6242	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Akamai Technologies
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarez, Pablo <hr/> Contributor address; City; State; Zip Code Brookline, MA 02446-6242	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Akamai Technologies
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarez, Pablo <hr/> Contributor address; City; State; Zip Code Brookline, MA 02446-6242	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Akamai Technologies
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarez, Pablo <hr/> Contributor address; City; State; Zip Code Brookline, MA 02446-6242	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Akamai Technologies
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alvarez, Pablo <hr/> Contributor address; City; State; Zip Code Brookline, MA 02446-6242	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Akamai Technologies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/1229 Rpt: 17/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ambler, Anne <hr/> 6 Contributor address; City; State; Zip Code Silver Spring, MD 20902-1443	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderes, Clarice D. <hr/> Contributor address; City; State; Zip Code Saunderstown, RI 02874-3315	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Writer		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: 15/1229 Rpt: 18/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Writer		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: 16/1229 Rpt: 19/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404		
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404		
Principal occupation / Job title (See Instructions) Writer		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: 17/1229 Rpt: 20/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Carol <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30316-3673	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Emory University
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Carol <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30316-3673	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Emory University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/1229 Rpt: 21/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Carol <hr/> 6 Contributor address; City; State; Zip Code Atlanta, GA 30316-3673	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Emory University
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Carol <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30316-3673	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Emory University
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Carol <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30316-3673	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Emory University
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Carol <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30316-3673	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Emory University
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, James <hr/> Contributor address; City; State; Zip Code Treasure Island, FL 33706-1211	Amount of Contribution (\$) \$100.00
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: 19/1229 Rpt: 22/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Patricia	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Chandler, AZ 85249-6941		
8 Principal occupation / Job title (See Instructions) Trainer		9 Employer (See Instructions) American Airlines Inc.
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Patricia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Chandler, AZ 85249-6941		
Principal occupation / Job title (See Instructions) Trainer		Employer (See Instructions) American Airlines Inc.
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Patricia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Chandler, AZ 85249-6941		
Principal occupation / Job title (See Instructions) Trainer		Employer (See Instructions) American Airlines Inc.
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Patricia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Chandler, AZ 85249-6941		
Principal occupation / Job title (See Instructions) Trainer		Employer (See Instructions) American Airlines Inc.
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Patricia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Chandler, AZ 85249-6941		
Principal occupation / Job title (See Instructions) Trainer		Employer (See Instructions) American Airlines Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/1229 Rpt: 23/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Patricia <hr/> 6 Contributor address; City; State; Zip Code Chandler, AZ 85249-6941	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Trainer		9 Employer (See Instructions) American Airlines Inc.
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ansoff, Mary <hr/> Contributor address; City; State; Zip Code Annandale, VA 22003-5146	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ansoff, Mary <hr/> Contributor address; City; State; Zip Code Annandale, VA 22003-5146	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ansoff, Mary <hr/> Contributor address; City; State; Zip Code Annandale, VA 22003-5146	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ansoff, Mary <hr/> Contributor address; City; State; Zip Code Annandale, VA 22003-5146	Amount of Contribution (\$) \$20.00
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: 21/1229 Rpt: 24/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ansoff, Mary <hr/> 6 Contributor address; City; State; Zip Code Annandale, VA 22003-5146	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ansoff, Mary <hr/> Contributor address; City; State; Zip Code Annandale, VA 22003-5146	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apgar, Diederik <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98006-3955	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Appel, Sarah <hr/> Contributor address; City; State; Zip Code Highland Park, IL 60035-5956	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Appel, Sarah <hr/> Contributor address; City; State; Zip Code Highland Park, IL 60035-5956	Amount of Contribution (\$) \$100.00
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: 22/1229 Rpt: 25/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apuzen-Ito, Garrett <hr/> 6 Contributor address; City; State; Zip Code Honolulu, HI 96821-1605	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of Hawaii
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apuzen-Ito, Garrett <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96821-1605	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Hawaii
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apuzen-Ito, Garrett <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96821-1605	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Hawaii
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apuzen-Ito, Garrett <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96821-1605	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Hawaii
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apuzen-Ito, Garrett <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96821-1605	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Hawaii

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/1229 Rpt: 26/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Apuzen-Ito, Garrett <hr/> 6 Contributor address; City; State; Zip Code Honolulu, HI 96821-1605	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of Hawaii
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aquino, Amy <hr/> Contributor address; City; State; Zip Code West Hollywood, CA 90046-9653	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Actress		Employer (See Instructions) PRISM Inc.
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asantewa, Ife <hr/> Contributor address; City; State; Zip Code Lake Oswego, OR 97034-3932	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asantewa, Ife <hr/> Contributor address; City; State; Zip Code Lake Oswego, OR 97034-3932	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asantewa, Ife <hr/> Contributor address; City; State; Zip Code Lake Oswego, OR 97034-3932	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: 24/1229 Rpt: 27/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asantewa, Ife <hr/> 6 Contributor address; City; State; Zip Code Lake Oswego, OR 97034-3932	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asantewa, Ife <hr/> Contributor address; City; State; Zip Code Lake Oswego, OR 97034-3932	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Asantewa, Ife <hr/> Contributor address; City; State; Zip Code Lake Oswego, OR 97034-3932	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Attwood Jr., James A. <hr/> Contributor address; City; State; Zip Code Bedford Hills, NY 10507-2411	Amount of Contribution (\$) \$150,000.00
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) The Carlyle Group
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) August, Bradley <hr/> Contributor address; City; State; Zip Code New York, NY 10024-5264	Amount of Contribution (\$) \$2,500.00
Principal occupation / Job title (See Instructions) Corporate Governance Programming		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: 25/1229 Rpt: 28/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Jacqueline M.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Portage, MI 49024-8901	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Jacqueline M.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Portage, MI 49024-8901	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Jacqueline M.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Portage, MI 49024-8901	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Tracy L.	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code New York, NY 10027-6372	
Principal occupation / Job title (See Instructions) PR Manager		Employer (See Instructions) Mitsubishi Corp. Americas
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Axel, Ann	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code New York, NY 10025-7780	
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Columbia University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/1229 Rpt: 29/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Axton, Samantha <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60625-1535	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Pet Care Provider		9 Employer (See Instructions) Self Employed
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Axton, Samantha <hr/> Contributor address; City; State; Zip Code Chicago, IL 60625-1535	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Pet Care Provider		Employer (See Instructions) Self Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Axton, Samantha <hr/> Contributor address; City; State; Zip Code Chicago, IL 60625-1535	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Pet Care Provider		Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Axton, Samantha <hr/> Contributor address; City; State; Zip Code Chicago, IL 60625-1535	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Pet Care Provider		Employer (See Instructions) Self Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Axton, Samantha <hr/> Contributor address; City; State; Zip Code Chicago, IL 60625-1535	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Pet Care Provider		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: 27/1229 Rpt: 30/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Axton, Samantha <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60625-1535	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Pet Care Provider		9 Employer (See Instructions) Self Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayedun, Taiwo <hr/> Contributor address; City; State; Zip Code Tukwila, WA 98168-4635	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) CreditRegistry Corporation
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babu, Vidhya <hr/> Contributor address; City; State; Zip Code Belmont, CA 94002-1946	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babu, Vidhya <hr/> Contributor address; City; State; Zip Code Belmont, CA 94002-1946	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babu, Vidhya <hr/> Contributor address; City; State; Zip Code Belmont, CA 94002-1946	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Attorney		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: 28/1229 Rpt: 31/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babu, Vidhya <hr/> 6 Contributor address; City; State; Zip Code Belmont, CA 94002-1946	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babu, Vidhya <hr/> Contributor address; City; State; Zip Code Belmont, CA 94002-1946	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Babu, Vidhya <hr/> Contributor address; City; State; Zip Code Belmont, CA 94002-1946	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bachman, Frederick <hr/> Contributor address; City; State; Zip Code Forest Hills, NY 11375-5101	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) O'Melveny and Myers LLP
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bachman, Frederick <hr/> Contributor address; City; State; Zip Code Forest Hills, NY 11375-5101	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) O'Melveny and Myers LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/1229 Rpt: 32/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bachman, Frederick <hr/> 6 Contributor address; City; State; Zip Code Forest Hills, NY 11375-5101	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) O'Melveny and Myers LLP
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bachman, Frederick <hr/> Contributor address; City; State; Zip Code Forest Hills, NY 11375-5101	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) O'Melveny and Myers LLP
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bachman, Frederick <hr/> Contributor address; City; State; Zip Code Forest Hills, NY 11375-5101	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) O'Melveny and Myers LLP
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bachman, Frederick <hr/> Contributor address; City; State; Zip Code Forest Hills, NY 11375-5101	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) O'Melveny and Myers LLP
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bade, Michael <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94116-1345	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California San Francisco

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/1229 Rpt: 33/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bade, Michael <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94116-1345	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) University of California San Francisco
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bade, Michael <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94116-1345	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California San Francisco
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bade, Michael <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94116-1345	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California San Francisco
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bade, Michael <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94116-1345	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California San Francisco
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bade, Michael <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94116-1345	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California San Francisco

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/1229 Rpt: 34/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baillieul, John <hr/> 6 Contributor address; City; State; Zip Code Arlington, MA 02476-7708	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Boston University
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baillieul, John <hr/> Contributor address; City; State; Zip Code Arlington, MA 02476-7708	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Boston University
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baillieul, John <hr/> Contributor address; City; State; Zip Code Arlington, MA 02476-7708	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Boston University
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baillieul, John <hr/> Contributor address; City; State; Zip Code Arlington, MA 02476-7708	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Boston University
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baillieul, John <hr/> Contributor address; City; State; Zip Code Arlington, MA 02476-7708	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Boston University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/1229 Rpt: 35/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baillieul, John <hr/> 6 Contributor address; City; State; Zip Code Arlington, MA 02476-7708	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Boston University
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, Ancil <hr/> Contributor address; City; State; Zip Code Seneca, SC 29672-4800	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, Robert <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-2714	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baird, Robert <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-2714	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Cecilie <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19106-4209	Amount of Contribution (\$) \$10.00
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: 33/1229 Rpt: 36/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Cecilie <hr/> 6 Contributor address; City; State; Zip Code Philadelphia, PA 19106-4209	7 Amount of Contribution (\$) \$11.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Cecilie <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19106-4209	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Cecilie <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19106-4209	Amount of Contribution (\$) \$11.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Cecilie <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19106-4209	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Cecilie <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19106-4209	Amount of Contribution (\$) \$11.00
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: 34/1229 Rpt: 37/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Cecilie <hr/> 6 Contributor address; City; State; Zip Code Philadelphia, PA 19106-4209	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Cecilie <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19106-4209	Amount of Contribution (\$) \$11.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Cecilie <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19106-4209	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Cecilie <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19106-4209	Amount of Contribution (\$) \$11.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Robert <hr/> Contributor address; City; State; Zip Code Manhasset, NY 11030-4429	Amount of Contribution (\$) \$250.00
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: 35/1229 Rpt: 38/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baksi, Krishna <hr/> 6 Contributor address; City; State; Zip Code Guaynabo, DC 20000	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baksi, Krishna <hr/> Contributor address; City; State; Zip Code Guaynabo, DC 20000	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Gregory <hr/> Contributor address; City; State; Zip Code Miami Beach, FL 33139-1025	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Gregory <hr/> Contributor address; City; State; Zip Code Miami Beach, FL 33139-1025	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Gregory <hr/> Contributor address; City; State; Zip Code Miami Beach, FL 33139-1025	Amount of Contribution (\$) \$30.00
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: 36/1229 Rpt: 39/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Gregory <hr/> 6 Contributor address; City; State; Zip Code Miami Beach, FL 33139-1025	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Gregory <hr/> Contributor address; City; State; Zip Code Miami Beach, FL 33139-1025	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Gregory <hr/> Contributor address; City; State; Zip Code Miami Beach, FL 33139-1025	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, John <hr/> Contributor address; City; State; Zip Code Chicago, IL 60607-3415	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Keith <hr/> Contributor address; City; State; Zip Code Ashland, OR 97520-2778	Amount of Contribution (\$) \$19.00
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: 37/1229 Rpt: 40/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Keith <hr/> 6 Contributor address; City; State; Zip Code Ashland, OR 97520-2778	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Keith <hr/> Contributor address; City; State; Zip Code Ashland, OR 97520-2778	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Keith <hr/> Contributor address; City; State; Zip Code Ashland, OR 97520-2778	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Keith <hr/> Contributor address; City; State; Zip Code Ashland, OR 97520-2778	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Keith <hr/> Contributor address; City; State; Zip Code Ashland, OR 97520-2778	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: 38/1229 Rpt: 41/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baldwin, Richard L.	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code New York, NY 10003-1503	
8 Principal occupation / Job title (See Instructions) Artist		9 Employer (See Instructions) Self Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banker, Grace	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Schuyler Falls, NY 12985-2617	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Champlain Valley Educational Services
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banker, Grace	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Schuyler Falls, NY 12985-2617	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Champlain Valley Educational Services
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banker, Grace	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Schuyler Falls, NY 12985-2617	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Champlain Valley Educational Services
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banker, Grace	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Schuyler Falls, NY 12985-2617	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Champlain Valley Educational Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/1229 Rpt: 42/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banker, Grace <hr/> 6 Contributor address; City; State; Zip Code Schuyler Falls, NY 12985-2617	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Champlain Valley Educational Services
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Banker, Grace <hr/> Contributor address; City; State; Zip Code Schuyler Falls, NY 12985-2617	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Champlain Valley Educational Services
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bantle, Lee <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11215	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bantle
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baratta, Barbara <hr/> Contributor address; City; State; Zip Code Greenwich, CT 06830-6403	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baratta, Barbara <hr/> Contributor address; City; State; Zip Code Greenwich, CT 06830-6403	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: 40/1229 Rpt: 43/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baratta, Barbara <hr/> 6 Contributor address; City; State; Zip Code Greenwich, CT 06830-6403	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baratta, Barbara <hr/> Contributor address; City; State; Zip Code Greenwich, CT 06830-6403	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baratta, Barbara <hr/> Contributor address; City; State; Zip Code Greenwich, CT 06830-6403	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baratta, Barbara <hr/> Contributor address; City; State; Zip Code Greenwich, CT 06830-6403	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bargmann, Karen <hr/> Contributor address; City; State; Zip Code Brentwood, CA 94513-4338	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: 41/1229 Rpt: 44/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bargmann, Karen	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Brentwood, CA 94513-4338		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bargmann, Karen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brentwood, CA 94513-4338		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bargmann, Karen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brentwood, CA 94513-4338		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bargmann, Karen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brentwood, CA 94513-4338		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bargmann, Karen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brentwood, CA 94513-4338		
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: 42/1229 Rpt: 45/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barieau, Becky G.	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Solvang, CA 93463-9508	
8 Principal occupation / Job title (See Instructions) Business Manager		9 Employer (See Instructions) Foxen Vineyard Inc.
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Deborah	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Oxford, MS 38655-0410	
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) University of Mississippi Oxford
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Deborah	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Oxford, MS 38655-0410	
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) University of Mississippi Oxford
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Deborah	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Oxford, MS 38655-0410	
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) University of Mississippi Oxford
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Deborah	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Oxford, MS 38655-0410	
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) University of Mississippi Oxford

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/1229 Rpt: 46/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Deborah	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Oxford, MS 38655-0410		
8 Principal occupation / Job title (See Instructions) Instructor		9 Employer (See Instructions) University of Mississippi Oxford
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, Deborah	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Oxford, MS 38655-0410		
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) University of Mississippi Oxford
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Pamela	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code San Francisco, CA 94109-2205		
Principal occupation / Job title (See Instructions) Tax Consultant		Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Pamela	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Francisco, CA 94109-2205		
Principal occupation / Job title (See Instructions) Tax Consultant		Employer (See Instructions) Self Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Pamela	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code San Francisco, CA 94109-2205		
Principal occupation / Job title (See Instructions) Tax Consultant		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: 44/1229 Rpt: 47/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Pamela <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94109-2205	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Tax Consultant		9 Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Pamela <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-2205	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Tax Consultant		Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Pamela <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-2205	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Tax Consultant		Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Pamela <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-2205	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Tax Consultant		Employer (See Instructions) Self Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Pamela <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-2205	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Tax Consultant		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: 45/1229 Rpt: 48/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Pamela <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94109-2205	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Tax Consultant		9 Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barnes, Pamela <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-2205	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Tax Consultant		Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barone, Ronnie <hr/> Contributor address; City; State; Zip Code Longview, WA 98632-9512	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barone, Ronnie <hr/> Contributor address; City; State; Zip Code Longview, WA 98632-9512	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barone, Ronnie <hr/> Contributor address; City; State; Zip Code Longview, WA 98632-9512	Amount of Contribution (\$) \$10.00
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: 46/1229 Rpt: 49/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barone, Ronnie	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Longview, WA 98632-9512		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barone, Ronnie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Longview, WA 98632-9512		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barone, Ronnie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Longview, WA 98632-9512		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barone, Ronnie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Longview, WA 98632-9512		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barone, Ronnie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Longview, WA 98632-9512		
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: 47/1229 Rpt: 50/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barone, Ronnie <hr/> 6 Contributor address; City; State; Zip Code Longview, WA 98632-9512	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barone, Ronnie <hr/> Contributor address; City; State; Zip Code Longview, WA 98632-9512	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barone, Ronnie <hr/> Contributor address; City; State; Zip Code Longview, WA 98632-9512	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barone, Ronnie <hr/> Contributor address; City; State; Zip Code Longview, WA 98632-9512	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bartelt, Diana <hr/> Contributor address; City; State; Zip Code Queens Village, NY 11427	Amount of Contribution (\$) \$100.00
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: 48/1229 Rpt: 51/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Michael <hr/> 6 Contributor address; City; State; Zip Code Boulder, CO 80303-2935	7 Amount of Contribution (\$) \$52.50
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Michael <hr/> Contributor address; City; State; Zip Code Boulder, CO 80303-2935	Amount of Contribution (\$) \$52.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Michael <hr/> Contributor address; City; State; Zip Code Boulder, CO 80303-2935	Amount of Contribution (\$) \$52.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Michael <hr/> Contributor address; City; State; Zip Code Boulder, CO 80303-2935	Amount of Contribution (\$) \$52.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Michael <hr/> Contributor address; City; State; Zip Code Boulder, CO 80303-2935	Amount of Contribution (\$) \$52.50
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: 49/1229 Rpt: 52/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Michael <hr/> 6 Contributor address; City; State; Zip Code Boulder, CO 80303-2935	7 Amount of Contribution (\$) \$52.50
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Marilee S. <hr/> Contributor address; City; State; Zip Code Milwaukee, WI 53217-2325	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Marilee S. <hr/> Contributor address; City; State; Zip Code Milwaukee, WI 53217-2325	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Marilee S. <hr/> Contributor address; City; State; Zip Code Milwaukee, WI 53217-2325	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Marilee S. <hr/> Contributor address; City; State; Zip Code Milwaukee, WI 53217-2325	Amount of Contribution (\$) \$9.00
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: 50/1229 Rpt: 53/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Marilee S. <hr/> 6 Contributor address; City; State; Zip Code Milwaukee, WI 53217-2325	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Marilee S. <hr/> Contributor address; City; State; Zip Code Milwaukee, WI 53217-2325	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Marilee S. <hr/> Contributor address; City; State; Zip Code Milwaukee, WI 53217-2325	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Marilee S. <hr/> Contributor address; City; State; Zip Code Milwaukee, WI 53217-2325	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bass, Marilee S. <hr/> Contributor address; City; State; Zip Code Milwaukee, WI 53217-2325	Amount of Contribution (\$) \$9.00
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: 51/1229 Rpt: 54/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batchelor, Dan <hr/> 6 Contributor address; City; State; Zip Code Oklahoma City, OK 73102-3421	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Center for Economic Development Law
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batchelor, Dan <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73102-3421	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Center for Economic Development Law
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batchelor, Dan <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73102-3421	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Center for Economic Development Law
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batchelor, Dan <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73102-3421	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Center for Economic Development Law
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batchelor, Dan <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73102-3421	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Center for Economic Development Law

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/1229 Rpt: 55/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batchelor, Dan <hr/> 6 Contributor address; City; State; Zip Code Oklahoma City, OK 73102-3421	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Center for Economic Development Law
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batts, Auli <hr/> Contributor address; City; State; Zip Code Wellesley, MA 02482-7405	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batts, Auli <hr/> Contributor address; City; State; Zip Code Wellesley, MA 02482-7405	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batts, Auli <hr/> Contributor address; City; State; Zip Code Wellesley, MA 02482-7405	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batts, Auli <hr/> Contributor address; City; State; Zip Code Wellesley, MA 02482-7405	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Psychotherapist		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: 53/1229 Rpt: 56/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batts, Auli	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Wellesley, MA 02482-7405		
8 Principal occupation / Job title (See Instructions) Psychotherapist		9 Employer (See Instructions) Self Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batts, Auli	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Wellesley, MA 02482-7405		
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baty, Catherine	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Pittsburgh, PA 15206-4215		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Pittsburgh
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumgartel, D. Mona	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Encinitas, CA 92024-1207		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beale, Harriet G.	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Tumwater, WA 98501-4125		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/1229 Rpt: 57/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Val <hr/> 6 Contributor address; City; State; Zip Code Dewey, IL 61840-9604	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Val <hr/> Contributor address; City; State; Zip Code Dewey, IL 61840-9604	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Val <hr/> Contributor address; City; State; Zip Code Dewey, IL 61840-9604	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Patricia <hr/> Contributor address; City; State; Zip Code Colorado Springs, CO 80930-9414	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Patricia <hr/> Contributor address; City; State; Zip Code Colorado Springs, CO 80930-9414	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: 55/1229 Rpt: 58/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Patricia <hr/> 6 Contributor address; City; State; Zip Code Colorado Springs, CO 80930-9414	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Patricia <hr/> Contributor address; City; State; Zip Code Colorado Springs, CO 80930-9414	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Patricia <hr/> Contributor address; City; State; Zip Code Colorado Springs, CO 80930-9414	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beaty, Patricia <hr/> Contributor address; City; State; Zip Code Colorado Springs, CO 80930-9414	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck, Susan <hr/> Contributor address; City; State; Zip Code Concord, MA 01742-5307	Amount of Contribution (\$) \$500.00
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: 56/1229 Rpt: 59/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckwith, David <hr/> 6 Contributor address; City; State; Zip Code Westminster, CO 80234-1045	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckwith, David <hr/> Contributor address; City; State; Zip Code Westminster, CO 80234-1045	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckwith, David <hr/> Contributor address; City; State; Zip Code Westminster, CO 80234-1045	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckwith, David <hr/> Contributor address; City; State; Zip Code Westminster, CO 80234-1045	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckwith, David <hr/> Contributor address; City; State; Zip Code Westminster, CO 80234-1045	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: 57/1229 Rpt: 60/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beckwith, David <hr/> 6 Contributor address; City; State; Zip Code Westminster, CO 80234-1045	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedford, Barbara <hr/> Contributor address; City; State; Zip Code Ithaca, NY 14850-9623	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Faculty		Employer (See Instructions) Cornell University
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedford, Barbara <hr/> Contributor address; City; State; Zip Code Ithaca, NY 14850-9623	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Faculty		Employer (See Instructions) Cornell University
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedford, Barbara <hr/> Contributor address; City; State; Zip Code Ithaca, NY 14850-9623	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Faculty		Employer (See Instructions) Cornell University
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedford, Barbara <hr/> Contributor address; City; State; Zip Code Ithaca, NY 14850-9623	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Faculty		Employer (See Instructions) Cornell University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/1229 Rpt: 61/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedford, Barbara <hr/> 6 Contributor address; City; State; Zip Code Ithaca, NY 14850-9623	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Faculty		9 Employer (See Instructions) Cornell University
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedford, Barbara <hr/> Contributor address; City; State; Zip Code Ithaca, NY 14850-9623	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Faculty		Employer (See Instructions) Cornell University
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedford, Barbara <hr/> Contributor address; City; State; Zip Code Ithaca, NY 14850-9623	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Faculty		Employer (See Instructions) Cornell University
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedford, Barbara <hr/> Contributor address; City; State; Zip Code Ithaca, NY 14850-9623	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Faculty		Employer (See Instructions) Cornell University
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedford, Barbara <hr/> Contributor address; City; State; Zip Code Ithaca, NY 14850-9623	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Faculty		Employer (See Instructions) Cornell University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/1229 Rpt: 62/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedford, Barbara <hr/> 6 Contributor address; City; State; Zip Code Ithaca, NY 14850-9623	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Faculty		9 Employer (See Instructions) Cornell University
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedford, Barbara <hr/> Contributor address; City; State; Zip Code Ithaca, NY 14850-9623	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Faculty		Employer (See Instructions) Cornell University
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedford, Barbara <hr/> Contributor address; City; State; Zip Code Ithaca, NY 14850-9623	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Faculty		Employer (See Instructions) Cornell University
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Farmer		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: 60/1229 Rpt: 63/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> 6 Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Farmer		9 Employer (See Instructions) Self Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Farmer		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: 61/1229 Rpt: 64/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> 6 Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Farmer		9 Employer (See Instructions) Self Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Farmer		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: 62/1229 Rpt: 65/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Behan, Edward <hr/> 6 Contributor address; City; State; Zip Code Fort Collins, CO 80525-4479	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Behan, Edward <hr/> Contributor address; City; State; Zip Code Fort Collins, CO 80525-4479	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Behan, Edward <hr/> Contributor address; City; State; Zip Code Fort Collins, CO 80525-4479	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Behan, Edward <hr/> Contributor address; City; State; Zip Code Fort Collins, CO 80525-4479	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Behan, Edward <hr/> Contributor address; City; State; Zip Code Fort Collins, CO 80525-4479	Amount of Contribution (\$) \$20.00
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: 63/1229 Rpt: 66/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Behan, Edward <hr/> 6 Contributor address; City; State; Zip Code Fort Collins, CO 80525-4479	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beitner, Norman <hr/> Contributor address; City; State; Zip Code West Bloomfield, MI 48323-3322	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Honigman LLP
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beitner, Norman <hr/> Contributor address; City; State; Zip Code West Bloomfield, MI 48323-3322	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Honigman LLP
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, James <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705-2826	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Bell Investment Advisors
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, James <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705-2826	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Bell Investment Advisors

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/1229 Rpt: 67/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, James <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94705-2826	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Bell Investment Advisors
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, James <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705-2826	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Bell Investment Advisors
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, James <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705-2826	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Bell Investment Advisors
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, James <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705-2826	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Bell Investment Advisors
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Belman, A.B. <hr/> Contributor address; City; State; Zip Code Rockville, MD 20850-8710	Amount of Contribution (\$) \$100.00
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: 65/1229 Rpt: 68/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bendall, Lisa <hr/> 6 Contributor address; City; State; Zip Code Aliso Viejo, CA 92656-6234	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of Oxford
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bendall, Lisa <hr/> Contributor address; City; State; Zip Code Aliso Viejo, CA 92656-6234	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Oxford
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bendall, Lisa <hr/> Contributor address; City; State; Zip Code Aliso Viejo, CA 92656-6234	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Oxford
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bendall, Lisa <hr/> Contributor address; City; State; Zip Code Aliso Viejo, CA 92656-6234	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Oxford
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bendall, Lisa <hr/> Contributor address; City; State; Zip Code Aliso Viejo, CA 92656-6234	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Oxford

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/1229 Rpt: 69/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bendall, Lisa <hr/> 6 Contributor address; City; State; Zip Code Aliso Viejo, CA 92656-6234	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of Oxford
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bendekgey, Lee <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94105-4673	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Invitae Corporation
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bender, Arlene <hr/> Contributor address; City; State; Zip Code Carlsbad, CA 92009-9331	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bendick Jr., Marc <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22314-3315	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benge, John <hr/> Contributor address; City; State; Zip Code Sea Girt, NJ 08750-2009	Amount of Contribution (\$) \$100.00
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: 67/1229 Rpt: 70/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benge, John <hr/> 6 Contributor address; City; State; Zip Code Sea Girt, NJ 08750-2009	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benner, Carl <hr/> Contributor address; City; State; Zip Code Traverse City, MI 49684-4046	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Nancy <hr/> Contributor address; City; State; Zip Code Onalaska, WI 54650-2813	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Nancy <hr/> Contributor address; City; State; Zip Code Onalaska, WI 54650-2813	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Nancy <hr/> Contributor address; City; State; Zip Code Onalaska, WI 54650-2813	Amount of Contribution (\$) \$100.00
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: 68/1229 Rpt: 71/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Nancy <hr/> 6 Contributor address; City; State; Zip Code Onalaska, WI 54650-2813	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Peter <hr/> Contributor address; City; State; Zip Code Portland, OR 97222-5649	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Oregon Health and Science University?
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Peter <hr/> Contributor address; City; State; Zip Code Portland, OR 97222-5649	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Oregon Health and Science University?
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Peter <hr/> Contributor address; City; State; Zip Code Portland, OR 97222-5649	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Oregon Health and Science University?
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Peter <hr/> Contributor address; City; State; Zip Code Portland, OR 97222-5649	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Oregon Health and Science University?

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/1229 Rpt: 72/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bensmaia, Reda <hr/> 6 Contributor address; City; State; Zip Code Pawtucket, RI 02860-6151	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Amy <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118-1108	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of California San Francisco
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Amy <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118-1108	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of California San Francisco
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Amy <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118-1108	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of California San Francisco
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Amy <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118-1108	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of California San Francisco

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/1229 Rpt: 73/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Amy <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94118-1108	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) University of California San Francisco
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Amy <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118-1108	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of California San Francisco
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Judy <hr/> Contributor address; City; State; Zip Code Fairfax, CA 94930-1712	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Judy <hr/> Contributor address; City; State; Zip Code Fairfax, CA 94930-1712	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Judy <hr/> Contributor address; City; State; Zip Code Fairfax, CA 94930-1712	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: 71/1229 Rpt: 74/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Judy <hr/> 6 Contributor address; City; State; Zip Code Fairfax, CA 94930-1712	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Judy <hr/> Contributor address; City; State; Zip Code Fairfax, CA 94930-1712	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berger, Judy <hr/> Contributor address; City; State; Zip Code Fairfax, CA 94930-1712	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernstein, Bruce <hr/> Contributor address; City; State; Zip Code Windsor, CT 06095-2046	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernstein, Bruce <hr/> Contributor address; City; State; Zip Code Windsor, CT 06095-2046	Amount of Contribution (\$) \$20.00
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: 72/1229 Rpt: 75/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernstein, Bruce	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Windsor, CT 06095-2046		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernstein, Bruce	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Windsor, CT 06095-2046		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernstein, Bruce	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Windsor, CT 06095-2046		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernstein, Bruce	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Windsor, CT 06095-2046		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Venise	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Coralville, IA 52241-9738		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Iowa

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/1229 Rpt: 76/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Venise <hr/> 6 Contributor address; City; State; Zip Code Coralville, IA 52241-9738	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of Iowa
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Best, Mary <hr/> Contributor address; City; State; Zip Code Waconia, MN 55387-4513	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Education Director		Employer (See Instructions) Minnesota Association of Realtors
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Best, Mary <hr/> Contributor address; City; State; Zip Code Waconia, MN 55387-4513	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Education Director		Employer (See Instructions) Minnesota Association of Realtors
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Best, Mary <hr/> Contributor address; City; State; Zip Code Waconia, MN 55387-4513	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Education Director		Employer (See Instructions) Minnesota Association of Realtors
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Best, Mary <hr/> Contributor address; City; State; Zip Code Waconia, MN 55387-4513	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Education Director		Employer (See Instructions) Minnesota Association of Realtors

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/1229 Rpt: 77/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Best, Mary <hr/> 6 Contributor address; City; State; Zip Code Waconia, MN 55387-4513	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Education Director		9 Employer (See Instructions) Minnesota Association of Realtors
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Best, Mary <hr/> Contributor address; City; State; Zip Code Waconia, MN 55387-4513	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Education Director		Employer (See Instructions) Minnesota Association of Realtors
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betances, Cynthia <hr/> Contributor address; City; State; Zip Code Pasadena, CA 91104-3854	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betances, Cynthia <hr/> Contributor address; City; State; Zip Code Pasadena, CA 91104-3854	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betances, Cynthia <hr/> Contributor address; City; State; Zip Code Pasadena, CA 91104-3854	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: 75/1229 Rpt: 78/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betances, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Pasadena, CA 91104-3854	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betances, Cynthia <hr/> Contributor address; City; State; Zip Code Pasadena, CA 91104-3854	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Betances, Cynthia <hr/> Contributor address; City; State; Zip Code Pasadena, CA 91104-3854	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bettencourt, James <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610-1456	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bettencourt, James <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610-1456	Amount of Contribution (\$) \$40.00
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: 76/1229 Rpt: 79/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bettencourt, James	7 Amount of Contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code Oakland, CA 94610-1456		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bettencourt, James	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Oakland, CA 94610-1456		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bettencourt, James	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Oakland, CA 94610-1456		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bettencourt, James	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Oakland, CA 94610-1456		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bettencourt, James	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Oakland, CA 94610-1456		
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: 77/1229 Rpt: 80/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bibb, Harold <hr/> 6 Contributor address; City; State; Zip Code Kingston, RI 02881-1824	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bickford, Dorothy <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30328-4607	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bickford, Dorothy <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30328-4607	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bickford, Dorothy <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30328-4607	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bickford, Dorothy <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30328-4607	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: 78/1229 Rpt: 81/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bickford, Dorothy <hr/> 6 Contributor address; City; State; Zip Code Atlanta, GA 30328-4607	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bickford, Dorothy <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30328-4607	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billen, Magali <hr/> Contributor address; City; State; Zip Code Woodland, CA 95695-4604	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of California Davis
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billen, Magali <hr/> Contributor address; City; State; Zip Code Woodland, CA 95695-4604	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of California Davis
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billen, Magali <hr/> Contributor address; City; State; Zip Code Woodland, CA 95695-4604	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of California Davis

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/1229 Rpt: 82/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billen, Magali <hr/> 6 Contributor address; City; State; Zip Code Woodland, CA 95695-4604	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of California Davis
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billen, Magali <hr/> Contributor address; City; State; Zip Code Woodland, CA 95695-4604	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of California Davis
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billen, Magali <hr/> Contributor address; City; State; Zip Code Woodland, CA 95695-4604	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of California Davis
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birman, Beatrice <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20901-3301	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birman, Beatrice <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20901-3301	Amount of Contribution (\$) \$50.00
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: 80/1229 Rpt: 83/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birman, Beatrice <hr/> 6 Contributor address; City; State; Zip Code Silver Spring, MD 20901-3301	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birman, Beatrice <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20901-3301	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birman, Beatrice <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20901-3301	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birman, Beatrice <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20901-3301	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bissah, Jacqueline <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11226-7392	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Lincoln Pharmacy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/1229 Rpt: 84/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bissah, Jacqueline <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11226-7392	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Lincoln Pharmacy
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bissah, Jacqueline <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11226-7392	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Lincoln Pharmacy
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bissah, Jacqueline <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11226-7392	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Lincoln Pharmacy
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bissah, Jacqueline <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11226-7392	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Lincoln Pharmacy
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bissah, Jacqueline <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11226-7392	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Lincoln Pharmacy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/1229 Rpt: 85/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bjorklund, Victoria 6 Contributor address; City; State; Zip Code New York, NY 10017-3903	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bjorklund, Victoria Contributor address; City; State; Zip Code New York, NY 10017-3903	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bjorklund, Victoria Contributor address; City; State; Zip Code New York, NY 10017-3903	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bjorklund, Victoria Contributor address; City; State; Zip Code New York, NY 10017-3903	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bjorklund, Victoria Contributor address; City; State; Zip Code New York, NY 10017-3903	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: 83/1229 Rpt: 86/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bjorklund, Victoria <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10017-3903	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackburn, Brent <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94022-3526	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackburn, Brent <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94022-3526	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackburn, Brent <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94022-3526	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackburn, Brent <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94022-3526	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		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: 84/1229 Rpt: 87/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackburn, Brent <hr/> 6 Contributor address; City; State; Zip Code Los Altos, CA 94022-3526	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackburn, Brent <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94022-3526	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blades, Robert <hr/> Contributor address; City; State; Zip Code Hornell, NY 14843-1130	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blades, Robert <hr/> Contributor address; City; State; Zip Code Hornell, NY 14843-1130	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blades, Robert <hr/> Contributor address; City; State; Zip Code Hornell, NY 14843-1130	Amount of Contribution (\$) \$50.00
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: 85/1229 Rpt: 88/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blades, Robert <hr/> 6 Contributor address; City; State; Zip Code Hornell, NY 14843-1130	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blades, Robert <hr/> Contributor address; City; State; Zip Code Hornell, NY 14843-1130	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blades, Robert <hr/> Contributor address; City; State; Zip Code Hornell, NY 14843-1130	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Cathy <hr/> Contributor address; City; State; Zip Code New York, NY 10023-4902	Amount of Contribution (\$) \$12.50
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Corcoran Group
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Cathy <hr/> Contributor address; City; State; Zip Code New York, NY 10023-4902	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Corcoran Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/1229 Rpt: 89/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Cathy	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code New York, NY 10023-4902		
8 Principal occupation / Job title (See Instructions) Real Estate Broker		9 Employer (See Instructions) Corcoran Group
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Cathy	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code New York, NY 10023-4902		
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Corcoran Group
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Cathy	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code New York, NY 10023-4902		
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Corcoran Group
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Cathy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New York, NY 10023-4902		
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Corcoran Group
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Cathy	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code New York, NY 10023-4902		
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Corcoran Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/1229 Rpt: 90/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Cathy	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code New York, NY 10023-4902		
8 Principal occupation / Job title (See Instructions) Real Estate Broker		9 Employer (See Instructions) Corcoran Group
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Cathy	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code New York, NY 10023-4902		
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Corcoran Group
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Cathy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New York, NY 10023-4902		
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Corcoran Group
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Cathy	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code New York, NY 10023-4902		
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Corcoran Group
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blau, Cathy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New York, NY 10023-4902		
Principal occupation / Job title (See Instructions) Real Estate Broker		Employer (See Instructions) Corcoran Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/1229 Rpt: 91/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blood, Nancy <hr/> 6 Contributor address; City; State; Zip Code Philadelphia, PA 19106-3073	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blood, Nancy <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19106-3073	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blust, Linda <hr/> Contributor address; City; State; Zip Code Westminster, CO 80234-2417	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bloom Healthcare
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blust, Linda <hr/> Contributor address; City; State; Zip Code Westminster, CO 80234-2417	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bloom Healthcare
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blust, Linda <hr/> Contributor address; City; State; Zip Code Westminster, CO 80234-2417	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bloom Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/1229 Rpt: 92/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blust, Linda <hr/> 6 Contributor address; City; State; Zip Code Westminster, CO 80234-2417	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Bloom Healthcare
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blust, Linda <hr/> Contributor address; City; State; Zip Code Westminster, CO 80234-2417	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bloom Healthcare
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blust, Linda <hr/> Contributor address; City; State; Zip Code Westminster, CO 80234-2417	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Bloom Healthcare
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boas, Chris <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-1620	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) East Bay General Counsel
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boas, Chris <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-1620	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) East Bay General Counsel

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/1229 Rpt: 93/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boas, Chris <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94707-1620	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) East Bay General Counsel
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boas, Chris <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-1620	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) East Bay General Counsel
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boas, Chris <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-1620	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) East Bay General Counsel
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boas, Chris <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-1620	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) East Bay General Counsel
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boise, Glen R. <hr/> Contributor address; City; State; Zip Code Kokomo, IN 46901-4227	Amount of Contribution (\$) \$50.00
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: 91/1229 Rpt: 94/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boise, Glen R. <hr/> 6 Contributor address; City; State; Zip Code Kokomo, IN 46901-4227	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boise, Glen R. <hr/> Contributor address; City; State; Zip Code Kokomo, IN 46901-4227	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boise, Glen R. <hr/> Contributor address; City; State; Zip Code Kokomo, IN 46901-4227	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boise, Glen R. <hr/> Contributor address; City; State; Zip Code Kokomo, IN 46901-4227	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boise, Glen R. <hr/> Contributor address; City; State; Zip Code Kokomo, IN 46901-4227	Amount of Contribution (\$) \$50.00
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: 92/1229 Rpt: 95/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolan, Nancy	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Mount Vernon, NY 10552-1141		
8 Principal occupation / Job title (See Instructions) Public Health		9 Employer (See Instructions) World Vision
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolan, Nancy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Mount Vernon, NY 10552-1141		
Principal occupation / Job title (See Instructions) Public Health		Employer (See Instructions) World Vision
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolan, Nancy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Mount Vernon, NY 10552-1141		
Principal occupation / Job title (See Instructions) Public Health		Employer (See Instructions) World Vision
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolan, Nancy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Mount Vernon, NY 10552-1141		
Principal occupation / Job title (See Instructions) Public Health		Employer (See Instructions) World Vision
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolan, Nancy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Mount Vernon, NY 10552-1141		
Principal occupation / Job title (See Instructions) Public Health		Employer (See Instructions) World Vision

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/1229 Rpt: 96/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolan, Nancy <hr/> 6 Contributor address; City; State; Zip Code Mount Vernon, NY 10552-1141	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Public Health		9 Employer (See Instructions) World Vision
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolnick, Jennifer <hr/> Contributor address; City; State; Zip Code Seattle, WA 98115-3532	Amount of Contribution (\$) \$180.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonam, Sara <hr/> Contributor address; City; State; Zip Code Glenmont, NY 12077-3027	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bonam, Sara <hr/> Contributor address; City; State; Zip Code Glenmont, NY 12077-3027	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boothe, Barry <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115-1117	Amount of Contribution (\$) \$100.00
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: 94/1229 Rpt: 97/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boothe, Barry <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94115-1117	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boothe, Barry <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115-1117	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boothe, Barry <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115-1117	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boothe, Barry <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115-1117	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boothe, Barry <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115-1117	Amount of Contribution (\$) \$100.00
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: 95/1229 Rpt: 98/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borchard, Edward	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413-6048		
8 Principal occupation / Job title (See Instructions) Pediatrician		9 Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borchard, Edward	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78413-6048		
Principal occupation / Job title (See Instructions) Pediatrician		Employer (See Instructions) Self Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borchard, Edward	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78413-6048		
Principal occupation / Job title (See Instructions) Pediatrician		Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borchard, Edward	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78413-6048		
Principal occupation / Job title (See Instructions) Pediatrician		Employer (See Instructions) Self Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borchard, Edward	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Corpus Christi, TX 78413-6048		
Principal occupation / Job title (See Instructions) Pediatrician		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: 96/1229 Rpt: 99/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Borchard, Edward <hr/> 6 Contributor address; City; State; Zip Code Corpus Christi, TX 78413-6048	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Pediatrician		9 Employer (See Instructions) Self Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bothma, Andre <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11225-3417	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) ION Holdings
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bothma, Andre <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11225-3417	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) ION Holdings
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bothma, Andre <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11225-3417	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) ION Holdings
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bothma, Andre <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11225-3417	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) ION Holdings

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/1229 Rpt: 100/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bothma, Andre <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11225-3417	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) ION Holdings
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bothma, Andre <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11225-3417	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) ION Holdings
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bounds, Clancy <hr/> Contributor address; City; State; Zip Code Woodacre, CA 94973-0369	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Songwriter		Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bounds, Clancy <hr/> Contributor address; City; State; Zip Code Woodacre, CA 94973-0369	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Songwriter		Employer (See Instructions) Self Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bounds, Clancy <hr/> Contributor address; City; State; Zip Code Woodacre, CA 94973-0369	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Songwriter		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: 98/1229 Rpt: 101/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bounds, Clancy <hr/> 6 Contributor address; City; State; Zip Code Woodacre, CA 94973-0369	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Songwriter		9 Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bounds, Clancy <hr/> Contributor address; City; State; Zip Code Woodacre, CA 94973-0369	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Songwriter		Employer (See Instructions) Self Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bounds, Clancy <hr/> Contributor address; City; State; Zip Code Woodacre, CA 94973-0369	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Songwriter		Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyan, Elise <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-6148	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyan, Elise <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-6148	Amount of Contribution (\$) \$50.00
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: 99/1229 Rpt: 102/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyan, Elise <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78209-6148	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyan, Elise <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-6148	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyan, Elise <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-6148	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyan, Elise <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209-6148	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braden, Larry <hr/> Contributor address; City; State; Zip Code Jacksonville, FL 32256-5423	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braden, Larry <hr/> 6 Contributor address; City; State; Zip Code Jacksonville, FL 32256-5423	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brainin-Rodriguez, Laura <hr/> Contributor address; City; State; Zip Code El Cerrito, CA 94530-2001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nutritionist		Employer (See Instructions) San Francisco Department of Public Health
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brainin-Rodriguez, Laura <hr/> Contributor address; City; State; Zip Code El Cerrito, CA 94530-2001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nutritionist		Employer (See Instructions) San Francisco Department of Public Health
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brainin-Rodriguez, Laura <hr/> Contributor address; City; State; Zip Code El Cerrito, CA 94530-2001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nutritionist		Employer (See Instructions) San Francisco Department of Public Health
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brainin-Rodriguez, Laura <hr/> Contributor address; City; State; Zip Code El Cerrito, CA 94530-2001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nutritionist		Employer (See Instructions) San Francisco Department of Public Health

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brainin-Rodriguez, Laura <hr/> 6 Contributor address; City; State; Zip Code El Cerrito, CA 94530-2001	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nutritionist		9 Employer (See Instructions) San Francisco Department of Public Health
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brainin-Rodriguez, Laura <hr/> Contributor address; City; State; Zip Code El Cerrito, CA 94530-2001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nutritionist		Employer (See Instructions) San Francisco Department of Public Health
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandt, Achiezer <hr/> Contributor address; City; State; Zip Code San Mateo, CA 94402-1239	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Amazon.com Inc.
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandt, Achiezer <hr/> Contributor address; City; State; Zip Code San Mateo, CA 94402-1239	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Amazon.com Inc.
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandt, Achiezer <hr/> Contributor address; City; State; Zip Code San Mateo, CA 94402-1239	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Amazon.com Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/1229 Rpt: 105/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandt, Achiezer <hr/> 6 Contributor address; City; State; Zip Code San Mateo, CA 94402-1239	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Scientist		9 Employer (See Instructions) Amazon.com Inc.
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandt, Achiezer <hr/> Contributor address; City; State; Zip Code San Mateo, CA 94402-1239	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Amazon.com Inc.
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brandt, Achiezer <hr/> Contributor address; City; State; Zip Code San Mateo, CA 94402-1239	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Amazon.com Inc.
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bray, Keith <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11215-4573	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) City of New York
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bray, Keith <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11215-4573	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) City of New York

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/1229 Rpt: 106/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bray, Keith <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11215-4573	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) City of New York
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bray, Keith <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11215-4573	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) City of New York
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bray, Keith <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11215-4573	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) City of New York
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bray, Keith <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11215-4573	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) City of New York
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brazen, Steve <hr/> Contributor address; City; State; Zip Code Palm Coast, FL 32137-1628	Amount of Contribution (\$) \$100.00
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: 104/1229 Rpt: 107/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breen, Mary <hr/> 6 Contributor address; City; State; Zip Code Glen Rock, PA 17327-9052	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breen, Mary <hr/> Contributor address; City; State; Zip Code Glen Rock, PA 17327-9052	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breen, Mary <hr/> Contributor address; City; State; Zip Code Glen Rock, PA 17327-9052	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breen, Mary <hr/> Contributor address; City; State; Zip Code Glen Rock, PA 17327-9052	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breen, Mary <hr/> Contributor address; City; State; Zip Code Glen Rock, PA 17327-9052	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breen, Mary <hr/> 6 Contributor address; City; State; Zip Code Glen Rock, PA 17327-9052	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breen, Mary <hr/> Contributor address; City; State; Zip Code Glen Rock, PA 17327-9052	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breen, Mary <hr/> Contributor address; City; State; Zip Code Glen Rock, PA 17327-9052	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breen, Mary <hr/> Contributor address; City; State; Zip Code Glen Rock, PA 17327-9052	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breen, Mary <hr/> Contributor address; City; State; Zip Code Glen Rock, PA 17327-9052	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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6 Contributor address; City; State; Zip Code Glen Rock, PA 17327-9052		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breen, Mary	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Glen Rock, PA 17327-9052		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brehony, Matthew	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code North Chesterfield, VA 23235-6109		
Principal occupation / Job title (See Instructions) Brand Experience Manager		Employer (See Instructions) Padilla
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brehony, Matthew	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code North Chesterfield, VA 23235-6109		
Principal occupation / Job title (See Instructions) Brand Experience Manager		Employer (See Instructions) Padilla
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brehony, Matthew	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code North Chesterfield, VA 23235-6109		
Principal occupation / Job title (See Instructions) Brand Experience Manager		Employer (See Instructions) Padilla

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brehony, Matthew <hr/> 6 Contributor address; City; State; Zip Code North Chesterfield, VA 23235-6109	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Brand Experience Manager		9 Employer (See Instructions) Padilla
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brehony, Matthew <hr/> Contributor address; City; State; Zip Code North Chesterfield, VA 23235-6109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Brand Experience Manager		Employer (See Instructions) Padilla
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breitbard, Ronda <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90067-5656	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breitbard, Ronda <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90067-5656	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breitbard, Ronda <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90067-5656	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breitbard, Ronda <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90067-5656	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breitbard, Ronda <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90067-5656	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breitbard, Ronda <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90067-5656	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brekke, Elaine <hr/> Contributor address; City; State; Zip Code Farragut, TN 37934-5316	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brems, Susan <hr/> Contributor address; City; State; Zip Code Durham, NC 27712-9450	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brems, Susan <hr/> 6 Contributor address; City; State; Zip Code Durham, NC 27712-9450	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brems, Susan <hr/> Contributor address; City; State; Zip Code Durham, NC 27712-9450	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brems, Susan <hr/> Contributor address; City; State; Zip Code Durham, NC 27712-9450	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brems, Susan <hr/> Contributor address; City; State; Zip Code Durham, NC 27712-9450	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brennan, John D. <hr/> Contributor address; City; State; Zip Code Port Jefferson, NY 11777-1646	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brennan, John D. <hr/> 6 Contributor address; City; State; Zip Code Port Jefferson, NY 11777-1646	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brennan, John D. <hr/> Contributor address; City; State; Zip Code Port Jefferson, NY 11777-1646	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brennan, John D. <hr/> Contributor address; City; State; Zip Code Port Jefferson, NY 11777-1646	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brenner, Patricia <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20817-6153	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockman, Robert <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45229-1477	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockman, Robert <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45229-1477	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockman, Robert <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45229-1477	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockman, Robert <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45229-1477	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brockman, Robert <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45229-1477	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broner, Katherine <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94127-1819	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) St. Anthony Foundation
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broner, Katherine <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94127-1819	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) St. Anthony Foundation
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broner, Katherine <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94127-1819	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) St. Anthony Foundation
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broner, Katherine <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94127-1819	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) St. Anthony Foundation
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broner, Katherine <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94127-1819	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) St. Anthony Foundation

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/1229 Rpt: 116/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broner, Katherine <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94127-1819	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) St. Anthony Foundation
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bronk, Martin <hr/> Contributor address; City; State; Zip Code Woodside, CA 94062-1224	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Menlo Medical Clinic
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Greg <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90808-2043	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Shirley E. <hr/> Contributor address; City; State; Zip Code Martinez, GA 30907-1303	Amount of Contribution (\$) \$26.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Shirley E. <hr/> Contributor address; City; State; Zip Code Martinez, GA 30907-1303	Amount of Contribution (\$) \$100.00
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: 114/1229 Rpt: 117/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Shirley E. <hr/> 6 Contributor address; City; State; Zip Code Martinez, GA 30907-1303	7 Amount of Contribution (\$) \$26.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Shirley E. <hr/> Contributor address; City; State; Zip Code Martinez, GA 30907-1303	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Shirley E. <hr/> Contributor address; City; State; Zip Code Martinez, GA 30907-1303	Amount of Contribution (\$) \$26.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Shirley E. <hr/> Contributor address; City; State; Zip Code Martinez, GA 30907-1303	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Shirley E. <hr/> Contributor address; City; State; Zip Code Martinez, GA 30907-1303	Amount of Contribution (\$) \$26.00
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: 115/1229 Rpt: 118/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Shirley E.	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Martinez, GA 30907-1303		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Shirley E.	Amount of Contribution (\$) \$26.00
Contributor address; City; State; Zip Code Martinez, GA 30907-1303		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Shirley E.	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Martinez, GA 30907-1303		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Shirley E.	Amount of Contribution (\$) \$26.00
Contributor address; City; State; Zip Code Martinez, GA 30907-1303		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Shirley E.	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Martinez, GA 30907-1303		
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: 116/1229 Rpt: 119/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broten, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Lake Bluff, IL 60044-2502	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Artist		9 Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brower, Phyllis <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11238-1373	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Product Deutsche		Employer (See Instructions) Deutsche Bank
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brower, Phyllis <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11238-1373	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Product Deutsche		Employer (See Instructions) Deutsche Bank
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brower, Phyllis <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11238-1373	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Product Deutsche		Employer (See Instructions) Deutsche Bank
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brower, Phyllis <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11238-1373	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Product Deutsche		Employer (See Instructions) Deutsche Bank

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 117/1229 Rpt: 120/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brower, Phyllis	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Brooklyn, NY 11238-1373		
8 Principal occupation / Job title (See Instructions) Product Deutsche		9 Employer (See Instructions) Deutsche Bank
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brower, Phyllis	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brooklyn, NY 11238-1373		
Principal occupation / Job title (See Instructions) Product Deutsche		Employer (See Instructions) Deutsche Bank
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Ed	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Florence, OR 97439-9156		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Ed	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Florence, OR 97439-9156		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Ed	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Florence, OR 97439-9156		
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: 118/1229 Rpt: 121/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Ed <hr/> 6 Contributor address; City; State; Zip Code Florence, OR 97439-9156	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Edgar <hr/> Contributor address; City; State; Zip Code Decatur, GA 30033-2910	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Biocircuit Technologies
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Edgar <hr/> Contributor address; City; State; Zip Code Decatur, GA 30033-2910	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Biocircuit Technologies
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Edgar <hr/> Contributor address; City; State; Zip Code Decatur, GA 30033-2910	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Biocircuit Technologies
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Edgar <hr/> Contributor address; City; State; Zip Code Decatur, GA 30033-2910	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Biocircuit Technologies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 119/1229 Rpt: 122/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Edgar <hr/> 6 Contributor address; City; State; Zip Code Decatur, GA 30033-2910	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Biocircuit Technologies
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Edgar <hr/> Contributor address; City; State; Zip Code Decatur, GA 30033-2910	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Biocircuit Technologies
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Gloria <hr/> Contributor address; City; State; Zip Code Columbia, MD 21045-5944	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Gloria <hr/> Contributor address; City; State; Zip Code Columbia, MD 21045-5944	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Gloria <hr/> Contributor address; City; State; Zip Code Columbia, MD 21045-5944	Amount of Contribution (\$) \$10.00
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: 120/1229 Rpt: 123/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Gloria <hr/> 6 Contributor address; City; State; Zip Code Columbia, MD 21045-5944	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Gloria <hr/> Contributor address; City; State; Zip Code Columbia, MD 21045-5944	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Gloria <hr/> Contributor address; City; State; Zip Code Columbia, MD 21045-5944	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Gloria <hr/> Contributor address; City; State; Zip Code Columbia, MD 21045-5944	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Gloria <hr/> Contributor address; City; State; Zip Code Columbia, MD 21045-5944	Amount of Contribution (\$) \$15.00
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: 121/1229 Rpt: 124/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Gloria <hr/> 6 Contributor address; City; State; Zip Code Columbia, MD 21045-5944	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Gloria <hr/> Contributor address; City; State; Zip Code Columbia, MD 21045-5944	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Gloria <hr/> Contributor address; City; State; Zip Code Columbia, MD 21045-5944	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Gloria <hr/> Contributor address; City; State; Zip Code Columbia, MD 21045-5944	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, James <hr/> Contributor address; City; State; Zip Code Havertown, PA 19083-4113	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: 122/1229 Rpt: 125/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, James <hr/> 6 Contributor address; City; State; Zip Code Havertown, PA 19083-4113	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, James <hr/> Contributor address; City; State; Zip Code Havertown, PA 19083-4113	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, James <hr/> Contributor address; City; State; Zip Code Havertown, PA 19083-4113	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, James <hr/> Contributor address; City; State; Zip Code Havertown, PA 19083-4113	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, James <hr/> Contributor address; City; State; Zip Code Havertown, PA 19083-4113	Amount of Contribution (\$) \$50.00
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: 123/1229 Rpt: 126/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jeanne <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, NM 87508-8389	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jeanne <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87508-8389	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jeanne <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87508-8389	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jeanne <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87508-8389	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jeanne <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87508-8389	Amount of Contribution (\$) \$20.00
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: 124/1229 Rpt: 127/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Jeanne <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, NM 87508-8389	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Patricia <hr/> Contributor address; City; State; Zip Code Winston Salem, NC 27104-1104	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Patricia <hr/> Contributor address; City; State; Zip Code Eagle Point, OR 97524-7839	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Patricia <hr/> Contributor address; City; State; Zip Code Eagle Point, OR 97524-7839	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Patricia <hr/> Contributor address; City; State; Zip Code Eagle Point, OR 97524-7839	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		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: 125/1229 Rpt: 128/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Patricia <hr/> 6 Contributor address; City; State; Zip Code Eagle Point, OR 97524-7839	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Patricia <hr/> Contributor address; City; State; Zip Code Eagle Point, OR 97524-7839	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Patricia <hr/> Contributor address; City; State; Zip Code Eagle Point, OR 97524-7839	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruschke, Gene <hr/> Contributor address; City; State; Zip Code Hudson, NY 12534-3805	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruschke, Gene <hr/> Contributor address; City; State; Zip Code Hudson, NY 12534-3805	Amount of Contribution (\$) \$50.00
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: 126/1229 Rpt: 129/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruschke, Gene <hr/> 6 Contributor address; City; State; Zip Code Hudson, NY 12534-3805	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruschke, Gene <hr/> Contributor address; City; State; Zip Code Hudson, NY 12534-3805	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruschke, Gene <hr/> Contributor address; City; State; Zip Code Hudson, NY 12534-3805	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruschke, Gene <hr/> Contributor address; City; State; Zip Code Hudson, NY 12534-3805	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruya, Ted <hr/> Contributor address; City; State; Zip Code Odessa, WA 99159-9816	Amount of Contribution (\$) \$23.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Odessa Drugs

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 127/1229 Rpt: 130/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruya, Ted <hr/> 6 Contributor address; City; State; Zip Code Odessa, WA 99159-9816	7 Amount of Contribution (\$) \$23.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Odessa Drugs
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruya, Ted <hr/> Contributor address; City; State; Zip Code Odessa, WA 99159-9816	Amount of Contribution (\$) \$23.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Odessa Drugs
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruya, Ted <hr/> Contributor address; City; State; Zip Code Odessa, WA 99159-9816	Amount of Contribution (\$) \$23.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Odessa Drugs
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruya, Ted <hr/> Contributor address; City; State; Zip Code Odessa, WA 99159-9816	Amount of Contribution (\$) \$23.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Odessa Drugs
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruya, Ted <hr/> Contributor address; City; State; Zip Code Odessa, WA 99159-9816	Amount of Contribution (\$) \$23.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Odessa Drugs

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 128/1229 Rpt: 131/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Cecelia <hr/> 6 Contributor address; City; State; Zip Code Cary, NC 27518-9172	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Cecelia <hr/> Contributor address; City; State; Zip Code Cary, NC 27518-9172	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Cecelia <hr/> Contributor address; City; State; Zip Code Cary, NC 27518-9172	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Cecelia <hr/> Contributor address; City; State; Zip Code Cary, NC 27518-9172	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Cecelia <hr/> Contributor address; City; State; Zip Code Cary, NC 27518-9172	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

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4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Cecelia <hr/> 6 Contributor address; City; State; Zip Code Cary, NC 27518-9172	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Donald <hr/> Contributor address; City; State; Zip Code East Point, GA 30364-1307	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions) Friendship Community
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant, Donald <hr/> Contributor address; City; State; Zip Code East Point, GA 30364-1307	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions) Friendship Community
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant-Jones, Gwendolyn <hr/> Contributor address; City; State; Zip Code Bowie, MD 20720-3497	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) School Consultant		Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant-Jones, Gwendolyn <hr/> Contributor address; City; State; Zip Code Bowie, MD 20720-3497	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) School Consultant		Employer (See Instructions) Self Employed

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant-Jones, Gwendolyn <hr/> 6 Contributor address; City; State; Zip Code Bowie, MD 20720-3497	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) School Consultant		9 Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant-Jones, Gwendolyn <hr/> Contributor address; City; State; Zip Code Bowie, MD 20720-3497	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) School Consultant		Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant-Jones, Gwendolyn <hr/> Contributor address; City; State; Zip Code Bowie, MD 20720-3497	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) School Consultant		Employer (See Instructions) Self Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant-Jones, Gwendolyn <hr/> Contributor address; City; State; Zip Code Bowie, MD 20720-3497	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) School Consultant		Employer (See Instructions) Self Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bryant-Jones, Gwendolyn <hr/> Contributor address; City; State; Zip Code Bowie, MD 20720-3497	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) School Consultant		Employer (See Instructions) Self Employed

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8 Principal occupation / Job title (See Instructions) School Consultant		9 Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buchanan, Claire <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20816-1238	Amount of Contribution (\$) \$1,800.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bulman, Erin <hr/> Contributor address; City; State; Zip Code Portland, OR 97212-2915	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bulman, Erin <hr/> Contributor address; City; State; Zip Code Portland, OR 97212-2915	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bulman, Erin <hr/> Contributor address; City; State; Zip Code Portland, OR 97212-2915	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bulman, Erin <hr/> 6 Contributor address; City; State; Zip Code Portland, OR 97212-2915	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bulman, Erin <hr/> Contributor address; City; State; Zip Code Portland, OR 97212-2915	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bulman, Erin <hr/> Contributor address; City; State; Zip Code Portland, OR 97212-2915	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Jackie <hr/> Contributor address; City; State; Zip Code Cape Coral, FL 33914-7331	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Real Estate Broker Associate		Employer (See Instructions) Nautical Realty Group
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Jackie <hr/> Contributor address; City; State; Zip Code Cape Coral, FL 33914-7331	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Real Estate Broker Associate		Employer (See Instructions) Nautical Realty Group

MONETARY POLITICAL CONTRIBUTIONS

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Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgess, Jackie <hr/> Contributor address; City; State; Zip Code Cape Coral, FL 33914-7331	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Real Estate Broker Associate		Employer (See Instructions) Nautical Realty Group
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burlingham, Kathryn <hr/> Contributor address; City; State; Zip Code Portland, OR 97214-2856	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Landlady		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnett, Margaret <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90066-7502	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) University of Southern California
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnette, Sidney <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78215-1002	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnette, Sidney <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78215-1002	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnette, Sidney <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78215-1002	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burnette, Sidney <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78215-1002	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burris, Alice S. <hr/> Contributor address; City; State; Zip Code Savannah, GA 31410-3168	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrows, Emily <hr/> Contributor address; City; State; Zip Code Nashville, TN 37206-3730	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bass Berry and Sims
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrows, Emily <hr/> Contributor address; City; State; Zip Code Nashville, TN 37206-3730	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bass Berry and Sims
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrows, Emily <hr/> Contributor address; City; State; Zip Code Nashville, TN 37206-3730	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bass Berry and Sims

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Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrows, Emily <hr/> Contributor address; City; State; Zip Code Nashville, TN 37206-3730	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bass Berry and Sims
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burrows, Emily <hr/> Contributor address; City; State; Zip Code Nashville, TN 37206-3730	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Bass Berry and Sims
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bruce <hr/> Contributor address; City; State; Zip Code Bethel, VT 05032-4483	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bruce <hr/> Contributor address; City; State; Zip Code Bethel, VT 05032-4483	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bruce	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Bethel, VT 05032-4483		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bruce	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bethel, VT 05032-4483		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bruce	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bethel, VT 05032-4483		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bruce	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bethel, VT 05032-4483		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bruce	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bethel, VT 05032-4483		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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6 Contributor address; City; State; Zip Code Bethel, VT 05032-4483		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bruce	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bethel, VT 05032-4483		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bruce	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bethel, VT 05032-4483		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bruce	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bethel, VT 05032-4483		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Bruce	Amount of Contribution (\$) \$25.00
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4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butterworth-Till, Linda <hr/> 6 Contributor address; City; State; Zip Code Sacramento, CA 95819-3918	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butterworth-Till, Linda <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95819-3918	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Button, James <hr/> Contributor address; City; State; Zip Code Lafayette, CO 80026-9094	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Button, James <hr/> Contributor address; City; State; Zip Code Lafayette, CO 80026-9094	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Button, James <hr/> Contributor address; City; State; Zip Code Lafayette, CO 80026-9094	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed

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8 Principal occupation / Job title (See Instructions) Realtor		9 Employer (See Instructions) Self Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Button, James <hr/> Contributor address; City; State; Zip Code Lafayette, CO 80026-9094	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Button, James <hr/> Contributor address; City; State; Zip Code Lafayette, CO 80026-9094	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Kenneth A. <hr/> Contributor address; City; State; Zip Code Greensboro, NC 27408-2523	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Kenneth A. <hr/> Contributor address; City; State; Zip Code Greensboro, NC 27408-2523	Amount of Contribution (\$) \$30.00
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Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Robert <hr/> Contributor address; City; State; Zip Code Ellicott City, MD 21042-0575	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Robert <hr/> Contributor address; City; State; Zip Code Ellicott City, MD 21042-0575	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Robert <hr/> Contributor address; City; State; Zip Code Ellicott City, MD 21042-0575	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Robert <hr/> Contributor address; City; State; Zip Code Ellicott City, MD 21042-0575	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, Robert <hr/> Contributor address; City; State; Zip Code Ellicott City, MD 21042-0575	Amount of Contribution (\$) \$20.00
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: 143/1229 Rpt: 146/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, Marie <hr/> 6 Contributor address; City; State; Zip Code Boulder, CO 80304-2545	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, Marie <hr/> Contributor address; City; State; Zip Code Boulder, CO 80304-2545	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, Marie <hr/> Contributor address; City; State; Zip Code Boulder, CO 80304-2545	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, Marie <hr/> Contributor address; City; State; Zip Code Boulder, CO 80304-2545	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, Marie <hr/> Contributor address; City; State; Zip Code Boulder, CO 80304-2545	Amount of Contribution (\$) \$20.00
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: 144/1229 Rpt: 147/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, Marie <hr/> 6 Contributor address; City; State; Zip Code Boulder, CO 80304-2545	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callender, Dale <hr/> Contributor address; City; State; Zip Code Monroe, NJ 08831-3735	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nonprofit Manager		Employer (See Instructions) United Way
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callender, Dale <hr/> Contributor address; City; State; Zip Code Monroe, NJ 08831-3735	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nonprofit Manager		Employer (See Instructions) United Way
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callender, Dale <hr/> Contributor address; City; State; Zip Code Monroe, NJ 08831-3735	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nonprofit Manager		Employer (See Instructions) United Way
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callender, Dale <hr/> Contributor address; City; State; Zip Code Monroe, NJ 08831-3735	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nonprofit Manager		Employer (See Instructions) United Way

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 145/1229 Rpt: 148/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callender, Dale <hr/> 6 Contributor address; City; State; Zip Code Monroe, NJ 08831-3735	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nonprofit Manager		9 Employer (See Instructions) United Way
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callender, Dale <hr/> Contributor address; City; State; Zip Code Monroe, NJ 08831-3735	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Nonprofit Manager		Employer (See Instructions) United Way
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campagnolo, Joan C. <hr/> Contributor address; City; State; Zip Code Champaign, IL 61821-6552	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, James <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11238-2785	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Mavens Inc.
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, James <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11238-2785	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Mavens Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, James <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11238-2785	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Mavens Inc.
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, James <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11238-2785	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Mavens Inc.
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, James <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11238-2785	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Mavens Inc.
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Keith <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96815-3982	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Ralph <hr/> Contributor address; City; State; Zip Code Hillside, NJ 07205-1657	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Auto Sales Consultant		Employer (See Instructions) World Nissan of Springfield

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 147/1229 Rpt: 150/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Ralph <hr/> 6 Contributor address; City; State; Zip Code Hillside, NJ 07205-1657	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Auto Sales Consultant		9 Employer (See Instructions) World Nissan of Springfield
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Ralph <hr/> Contributor address; City; State; Zip Code Hillside, NJ 07205-1657	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Auto Sales Consultant		Employer (See Instructions) World Nissan of Springfield
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Ralph <hr/> Contributor address; City; State; Zip Code Hillside, NJ 07205-1657	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Auto Sales Consultant		Employer (See Instructions) World Nissan of Springfield
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Ralph <hr/> Contributor address; City; State; Zip Code Hillside, NJ 07205-1657	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Auto Sales Consultant		Employer (See Instructions) World Nissan of Springfield
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Ralph <hr/> Contributor address; City; State; Zip Code Hillside, NJ 07205-1657	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Auto Sales Consultant		Employer (See Instructions) World Nissan of Springfield

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 148/1229 Rpt: 151/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Ralph	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Hillside, NJ 07205-1657		
8 Principal occupation / Job title (See Instructions) Auto Sales Consultant		9 Employer (See Instructions) World Nissan of Springfield
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Ralph	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Hillside, NJ 07205-1657		
Principal occupation / Job title (See Instructions) Auto Sales Consultant		Employer (See Instructions) World Nissan of Springfield
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Contributor address; City; State; Zip Code Hillside, NJ 07205-1657		
Principal occupation / Job title (See Instructions) Auto Sales Consultant		Employer (See Instructions) World Nissan of Springfield
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Contributor address; City; State; Zip Code Hillside, NJ 07205-1657		
Principal occupation / Job title (See Instructions) Auto Sales Consultant		Employer (See Instructions) World Nissan of Springfield
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Ralph	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Hillside, NJ 07205-1657		
Principal occupation / Job title (See Instructions) Auto Sales Consultant		Employer (See Instructions) World Nissan of Springfield

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 149/1229 Rpt: 152/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Ralph <hr/> 6 Contributor address; City; State; Zip Code Hillside, NJ 07205-1657	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Auto Sales Consultant		9 Employer (See Instructions) World Nissan of Springfield
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Virginia <hr/> Contributor address; City; State; Zip Code Lutherville Timonium, MD 21093-2808	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Virginia <hr/> Contributor address; City; State; Zip Code Lutherville Timonium, MD 21093-2808	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Self Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Virginia <hr/> Contributor address; City; State; Zip Code Lutherville Timonium, MD 21093-2808	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Virginia <hr/> Contributor address; City; State; Zip Code Lutherville Timonium, MD 21093-2808	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Counselor		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: 150/1229 Rpt: 153/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Virginia <hr/> 6 Contributor address; City; State; Zip Code Lutherville Timonium, MD 21093-2808	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Counselor		9 Employer (See Instructions) Self Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Virginia <hr/> Contributor address; City; State; Zip Code Lutherville Timonium, MD 21093-2808	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Self Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campello, Ugo <hr/> Contributor address; City; State; Zip Code Miami, FL 33186-2406	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Cosabella
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campello, Ugo <hr/> Contributor address; City; State; Zip Code Miami, FL 33186-2406	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Cosabella
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campello, Ugo <hr/> Contributor address; City; State; Zip Code Miami, FL 33186-2406	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Cosabella

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 151/1229 Rpt: 154/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campello, Ugo <hr/> 6 Contributor address; City; State; Zip Code Miami, FL 33186-2406	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Vice President		9 Employer (See Instructions) Cosabella
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campello, Ugo <hr/> Contributor address; City; State; Zip Code Miami, FL 33186-2406	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Cosabella
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campello, Ugo <hr/> Contributor address; City; State; Zip Code Miami, FL 33186-2406	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Cosabella
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campuzano, Sol-Angel <hr/> Contributor address; City; State; Zip Code Sylmar, CA 91342-1048	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campuzano, Sol-Angel <hr/> Contributor address; City; State; Zip Code Sylmar, CA 91342-1048	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: 152/1229 Rpt: 155/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campuzano, Sol-Angel <hr/> 6 Contributor address; City; State; Zip Code Sylmar, CA 91342-1048	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campuzano, Sol-Angel <hr/> Contributor address; City; State; Zip Code Sylmar, CA 91342-1048	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campuzano, Sol-Angel <hr/> Contributor address; City; State; Zip Code Sylmar, CA 91342-1048	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campuzano, Sol-Angel <hr/> Contributor address; City; State; Zip Code Sylmar, CA 91342-1048	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canaday, Rudd <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114-2804	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: 153/1229 Rpt: 156/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canaday, Rudd <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94114-2804	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canaday, Rudd <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114-2804	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canaday, Rudd <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114-2804	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canaday, Rudd <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114-2804	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canaday, Rudd <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114-2804	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: 154/1229 Rpt: 157/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canata, Terri <hr/> 6 Contributor address; City; State; Zip Code Somerville, NJ 08876-1917	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canata, Terri <hr/> Contributor address; City; State; Zip Code Somerville, NJ 08876-1917	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canata, Terri <hr/> Contributor address; City; State; Zip Code Somerville, NJ 08876-1917	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canata, Terri <hr/> Contributor address; City; State; Zip Code Somerville, NJ 08876-1917	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canata, Terri <hr/> Contributor address; City; State; Zip Code Somerville, NJ 08876-1917	Amount of Contribution (\$) \$20.00
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: 155/1229 Rpt: 158/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canata, Terri <hr/> 6 Contributor address; City; State; Zip Code Somerville, NJ 08876-1917	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carleton, Peter <hr/> Contributor address; City; State; Zip Code Portland, ME 04102-3848	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carleton, Peter <hr/> Contributor address; City; State; Zip Code Portland, ME 04102-3848	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carleton, Peter <hr/> Contributor address; City; State; Zip Code Portland, ME 04102-3848	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carleton, Peter <hr/> Contributor address; City; State; Zip Code Portland, ME 04102-3848	Amount of Contribution (\$) \$50.00
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: 156/1229 Rpt: 159/1255
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4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carleton, Peter <hr/> 6 Contributor address; City; State; Zip Code Portland, ME 04102-3848	7 Amount of Contribution (\$) \$50.00
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Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carleton, Peter <hr/> Contributor address; City; State; Zip Code Portland, ME 04102-3848	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carleton, Peter <hr/> Contributor address; City; State; Zip Code Portland, ME 04102-3848	Amount of Contribution (\$) \$50.00
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: 157/1229 Rpt: 160/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlo, Michael <hr/> 6 Contributor address; City; State; Zip Code Silver Spring, MD 20902-2554	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Analyst		9 Employer (See Instructions) U.S. Department of State
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, Douglas <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55418-4649	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Minneapolis Board Of Public Defense
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlson, Peter <hr/> Contributor address; City; State; Zip Code Foster, RI 02825-1429	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired Commercial Artist		Employer (See Instructions) Self-Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carmichael, Tom <hr/> Contributor address; City; State; Zip Code Washington, DC 20009-5415	Amount of Contribution (\$) \$38.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carmichael, Tom <hr/> Contributor address; City; State; Zip Code Washington, DC 20009-5415	Amount of Contribution (\$) \$50.00
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: 158/1229 Rpt: 161/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carmichael, Tom <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20009-5415	7 Amount of Contribution (\$) \$38.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter, Michael K. <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19103-6485	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Robert <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28204-3318	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Carolina Asphalt
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Robert <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28204-3318	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Carolina Asphalt
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Robert <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28204-3318	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Carolina Asphalt

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 159/1229 Rpt: 162/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Robert <hr/> 6 Contributor address; City; State; Zip Code Charlotte, NC 28204-3318	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Carolina Asphalt
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Robert <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28204-3318	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Carolina Asphalt
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carter, Robert <hr/> Contributor address; City; State; Zip Code Bainbridge Island, WA 98110	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaffee, Dianne <hr/> Contributor address; City; State; Zip Code Bothell, WA 98021-8625	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaffee, Dianne <hr/> Contributor address; City; State; Zip Code Bothell, WA 98021-8625	Amount of Contribution (\$) \$12.50
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: 160/1229 Rpt: 163/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaffee, Dianne <hr/> 6 Contributor address; City; State; Zip Code Bothell, WA 98021-8625	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaffee, Dianne <hr/> Contributor address; City; State; Zip Code Bothell, WA 98021-8625	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaffee, Dianne <hr/> Contributor address; City; State; Zip Code Bothell, WA 98021-8625	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaffee, Dianne <hr/> Contributor address; City; State; Zip Code Bothell, WA 98021-8625	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10024-6030	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: 161/1229 Rpt: 164/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Constance <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10024-6030	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10024-6030	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10024-6030	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10024-6030	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chan, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10024-6030	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		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: 162/1229 Rpt: 165/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chancellor, Frederick M.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Palo Alto, CA 94303-2925	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, David	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Chicago, IL 60608-2515	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, David	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Chicago, IL 60608-2515	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, David	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Chicago, IL 60608-2515	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, David	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Chicago, IL 60608-2515	
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: 163/1229 Rpt: 166/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, David <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60608-2515	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, David <hr/> Contributor address; City; State; Zip Code Chicago, IL 60608-2515	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, David <hr/> Contributor address; City; State; Zip Code Dublin, OH 43017-2939	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, David <hr/> Contributor address; City; State; Zip Code Dublin, OH 43017-2939	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, David <hr/> Contributor address; City; State; Zip Code Dublin, OH 43017-2939	Amount of Contribution (\$) \$40.00
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: 164/1229 Rpt: 167/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, David <hr/> 6 Contributor address; City; State; Zip Code Dublin, OH 43017-2939	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, David <hr/> Contributor address; City; State; Zip Code Dublin, OH 43017-2939	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, David <hr/> Contributor address; City; State; Zip Code Dublin, OH 43017-2939	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Ted <hr/> Contributor address; City; State; Zip Code Forest Hills, NY 11375-0650	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Ted <hr/> Contributor address; City; State; Zip Code Forest Hills, NY 11375-0650	Amount of Contribution (\$) \$16.50
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: 165/1229 Rpt: 168/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Ted <hr/> 6 Contributor address; City; State; Zip Code Forest Hills, NY 11375-0650	7 Amount of Contribution (\$) \$16.50
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Ted <hr/> Contributor address; City; State; Zip Code Forest Hills, NY 11375-0650	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Ted <hr/> Contributor address; City; State; Zip Code Forest Hills, NY 11375-0650	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chang, Ted <hr/> Contributor address; City; State; Zip Code Forest Hills, NY 11375-0650	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chappelle, John <hr/> Contributor address; City; State; Zip Code APO, AP 96367-0047	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) US Air Force

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 166/1229 Rpt: 169/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chappelle, John <hr/> 6 Contributor address; City; State; Zip Code APO, AP 96367-0047	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Officer		9 Employer (See Instructions) US Air Force
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chappelle, John <hr/> Contributor address; City; State; Zip Code APO, AP 96367-0047	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) US Air Force
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chappelle, John <hr/> Contributor address; City; State; Zip Code APO, AP 96367-0047	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) US Air Force
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chappelle, John <hr/> Contributor address; City; State; Zip Code APO, AP 96367-0047	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) US Air Force
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chappelle, John <hr/> Contributor address; City; State; Zip Code APO, AP 96367-0047	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) US Air Force

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 167/1229 Rpt: 170/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaudhuri, Shamik <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11238-3265	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Program Manager		9 Employer (See Instructions) Google LLC
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaudhuri, Shamik <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11238-3265	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Google LLC
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaudhuri, Shamik <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11238-3265	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Google LLC
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaudhuri, Shamik <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11238-3265	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Google LLC
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaudhuri, Shamik <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11238-3265	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Google LLC

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 168/1229 Rpt: 171/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaudhuri, Shamik <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11238-3265	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Program Manager		9 Employer (See Instructions) Google LLC
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavis, Toni <hr/> Contributor address; City; State; Zip Code Compton, CA 90221-3491	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chayefsky, Helen <hr/> Contributor address; City; State; Zip Code Chappaqua, NY 10514-2738	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Center For Media And Security Ltd.
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chiang, Katherine <hr/> Contributor address; City; State; Zip Code Ithaca, NY 14850-3656	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chinlund, Caroline C. <hr/> Contributor address; City; State; Zip Code New York, NY 10011-3844	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 169/1229 Rpt: 172/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cordelia <hr/> 6 Contributor address; City; State; Zip Code Bronx, NY 10462-6634	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cordelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cordelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cordelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cordelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$10.00
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: 170/1229 Rpt: 173/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cordelia <hr/> 6 Contributor address; City; State; Zip Code Bronx, NY 10462-6634	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cordelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cordelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cordelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cordelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$10.00
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: 171/1229 Rpt: 174/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cordelia <hr/> 6 Contributor address; City; State; Zip Code Bronx, NY 10462-6634	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	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: 172/1229 Rpt: 175/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> 6 Contributor address; City; State; Zip Code Bronx, NY 10462-6634	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$20.00
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: 173/1229 Rpt: 176/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> 6 Contributor address; City; State; Zip Code Bronx, NY 10462-6634	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chisolm, Cornelia <hr/> Contributor address; City; State; Zip Code Bronx, NY 10462-6634	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: 174/1229 Rpt: 177/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chouinard, Susan <hr/> 6 Contributor address; City; State; Zip Code Baltimore, MD 21209-3836	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chouinard, Susan <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21209-3836	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chouinard, Susan <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21209-3836	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chouinard, Susan <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21209-3836	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chouinard, Susan <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21209-3836	Amount of Contribution (\$) \$100.00
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: 175/1229 Rpt: 178/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chouinard, Susan <hr/> 6 Contributor address; City; State; Zip Code Baltimore, MD 21209-3836	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chouinard, Susan <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21209-3836	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chouinard, Susan <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21209-3836	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chouinard, Susan <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21209-3836	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Anna <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85716-3021	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Program Coordinator		Employer (See Instructions) University of Arizona

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 176/1229 Rpt: 179/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Colin <hr/> 6 Contributor address; City; State; Zip Code Columbus, OH 43202-1960	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Franklin County Public Defender
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cibrowski, Leona <hr/> Contributor address; City; State; Zip Code Athens, OH 45701-1706	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cibrowski, Leona <hr/> Contributor address; City; State; Zip Code Athens, OH 45701-1706	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cibrowski, Leona <hr/> Contributor address; City; State; Zip Code Athens, OH 45701-1706	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cibrowski, Leona <hr/> Contributor address; City; State; Zip Code Athens, OH 45701-1706	Amount of Contribution (\$) \$20.00
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: 177/1229 Rpt: 180/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cibrowski, Leona <hr/> 6 Contributor address; City; State; Zip Code Athens, OH 45701-1706	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cibrowski, Leona <hr/> Contributor address; City; State; Zip Code Athens, OH 45701-1706	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cinefro, Cheryl <hr/> Contributor address; City; State; Zip Code South Barrington, IL 60010-9328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cinefro, Cheryl <hr/> Contributor address; City; State; Zip Code South Barrington, IL 60010-9328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cinefro, Cheryl <hr/> Contributor address; City; State; Zip Code South Barrington, IL 60010-9328	Amount of Contribution (\$) \$75.00
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: 178/1229 Rpt: 181/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, David <hr/> 6 Contributor address; City; State; Zip Code New Paltz, NY 12561-3061	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, David <hr/> Contributor address; City; State; Zip Code New Paltz, NY 12561-3061	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, David <hr/> Contributor address; City; State; Zip Code New Paltz, NY 12561-3061	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, David <hr/> Contributor address; City; State; Zip Code New Paltz, NY 12561-3061	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, David <hr/> Contributor address; City; State; Zip Code New Paltz, NY 12561-3061	Amount of Contribution (\$) \$40.00
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: 179/1229 Rpt: 182/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, David <hr/> 6 Contributor address; City; State; Zip Code New Paltz, NY 12561-3061	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Michael A. <hr/> Contributor address; City; State; Zip Code Holt, MI 48842-1927	Amount of Contribution (\$) \$73.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Michael A. <hr/> Contributor address; City; State; Zip Code Holt, MI 48842-1927	Amount of Contribution (\$) \$73.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Michael A. <hr/> Contributor address; City; State; Zip Code Holt, MI 48842-1927	Amount of Contribution (\$) \$73.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Michael A. <hr/> Contributor address; City; State; Zip Code Holt, MI 48842-1927	Amount of Contribution (\$) \$73.00
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: 180/1229 Rpt: 183/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Michael A.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Holt, MI 48842-1927	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Michael A.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Holt, MI 48842-1927	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, William	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pomona, CA 91767-2400	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, William	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pomona, CA 91767-2400	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, William	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Pomona, CA 91767-2400	
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: 181/1229 Rpt: 184/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, William <hr/> 6 Contributor address; City; State; Zip Code Pomona, CA 91767-2400	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, William <hr/> Contributor address; City; State; Zip Code Pomona, CA 91767-2400	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, William <hr/> Contributor address; City; State; Zip Code Pomona, CA 91767-2400	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarke, Lori <hr/> Contributor address; City; State; Zip Code Pelham, MA 01002-9783	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Massachusetts Amherst
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarke, Lori <hr/> Contributor address; City; State; Zip Code Pelham, MA 01002-9783	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Massachusetts Amherst

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 182/1229 Rpt: 185/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarke, Lori <hr/> 6 Contributor address; City; State; Zip Code Pelham, MA 01002-9783	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of Massachusetts Amherst
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson, Robert <hr/> Contributor address; City; State; Zip Code Peoria, AZ 85383-2125	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson, Robert <hr/> Contributor address; City; State; Zip Code Peoria, AZ 85383-2125	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson, Robert <hr/> Contributor address; City; State; Zip Code Peoria, AZ 85383-2125	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson, Robert <hr/> Contributor address; City; State; Zip Code Peoria, AZ 85383-2125	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: 183/1229 Rpt: 186/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson, Robert <hr/> 6 Contributor address; City; State; Zip Code Peoria, AZ 85383-2125	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clawson, Robert <hr/> Contributor address; City; State; Zip Code Peoria, AZ 85383-2125	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clement, David <hr/> Contributor address; City; State; Zip Code Winthrop, WA 98862-9618	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cleveland, Barbara C. <hr/> Contributor address; City; State; Zip Code Washington, DC 20009-2224	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cleveland, Barbara C. <hr/> Contributor address; City; State; Zip Code Washington, DC 20009-2224	Amount of Contribution (\$) \$50.00
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: 184/1229 Rpt: 187/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cleveland, Barbara C. <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20009-2224	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cleveland, Barbara C. <hr/> Contributor address; City; State; Zip Code Washington, DC 20009-2224	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cleveland, Barbara C. <hr/> Contributor address; City; State; Zip Code Washington, DC 20009-2224	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cleveland, Barbara C. <hr/> Contributor address; City; State; Zip Code Washington, DC 20009-2224	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clinton, Jeanne <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705-1065	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Energy Policy		Employer (See Instructions) State of California

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 185/1229 Rpt: 188/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clinton, Jeanne <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94705-1065	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Energy Policy		9 Employer (See Instructions) State of California
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Debra A. <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118-7755	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Debra A. <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118-7755	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Debra A. <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118-7755	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Debra A. <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118-7755	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: 186/1229 Rpt: 189/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Steve <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79118-7755	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Steve <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118-7755	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Steve <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118-7755	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Steve <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118-7755	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Steve <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79118-7755	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: 187/1229 Rpt: 190/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Close, Steve <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79118-7755	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cockrell, Ione <hr/> Contributor address; City; State; Zip Code West Columbia, SC 29169-7647	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Financial Planner		Employer (See Instructions) Self Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coghill, Sharon <hr/> Contributor address; City; State; Zip Code Suwanee, GA 30024-6439	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) AZ
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coghill, Sharon <hr/> Contributor address; City; State; Zip Code Suwanee, GA 30024-6439	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) AZ
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coghill, Sharon <hr/> Contributor address; City; State; Zip Code Suwanee, GA 30024-6439	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) AZ

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 188/1229 Rpt: 191/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coghill, Sharon <hr/> 6 Contributor address; City; State; Zip Code Suwanee, GA 30024-6439	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) AZ
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coha, Peter <hr/> Contributor address; City; State; Zip Code Corrales, NM 87048-2167	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coha, Peter <hr/> Contributor address; City; State; Zip Code Corrales, NM 87048-2167	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, David <hr/> Contributor address; City; State; Zip Code Dulles, VA 20189-9304	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Foreign Service Officer		Employer (See Instructions) USAID
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, David <hr/> Contributor address; City; State; Zip Code Dulles, VA 20189-9304	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Foreign Service Officer		Employer (See Instructions) USAID

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 189/1229 Rpt: 192/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, David <hr/> 6 Contributor address; City; State; Zip Code Dulles, VA 20189-9304	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Foreign Service Officer		9 Employer (See Instructions) USAID
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, David <hr/> Contributor address; City; State; Zip Code Dulles, VA 20189-9304	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Foreign Service Officer		Employer (See Instructions) USAID
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, David <hr/> Contributor address; City; State; Zip Code Dulles, VA 20189-9304	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Foreign Service Officer		Employer (See Instructions) USAID
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, David <hr/> Contributor address; City; State; Zip Code Dulles, VA 20189-9304	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Foreign Service Officer		Employer (See Instructions) USAID
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Joshua <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90068-1646	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Cohen Law Partners

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 190/1229 Rpt: 193/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohn, Stephen <hr/> 6 Contributor address; City; State; Zip Code Winchester, MA 01890-3703	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colburn, Gary <hr/> Contributor address; City; State; Zip Code Stockton, CA 95204-4032	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colburn, Gary <hr/> Contributor address; City; State; Zip Code Stockton, CA 95204-4032	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colburn, Gary <hr/> Contributor address; City; State; Zip Code Stockton, CA 95204-4032	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colburn, Gary <hr/> Contributor address; City; State; Zip Code Stockton, CA 95204-4032	Amount of Contribution (\$) \$20.00
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: 191/1229 Rpt: 194/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colburn, Gary <hr/> 6 Contributor address; City; State; Zip Code Stockton, CA 95204-4032	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colburn, Gary <hr/> Contributor address; City; State; Zip Code Stockton, CA 95204-4032	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colista, Celia <hr/> Contributor address; City; State; Zip Code Jersey City, NJ 07302-3622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer and Editor		Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colista, Celia <hr/> Contributor address; City; State; Zip Code Jersey City, NJ 07302-3622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer and Editor		Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colista, Celia <hr/> Contributor address; City; State; Zip Code Jersey City, NJ 07302-3622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer and Editor		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: 192/1229 Rpt: 195/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colista, Celia <hr/> 6 Contributor address; City; State; Zip Code Jersey City, NJ 07302-3622	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Writer and Editor		9 Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colista, Celia <hr/> Contributor address; City; State; Zip Code Jersey City, NJ 07302-3622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer and Editor		Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colista, Celia <hr/> Contributor address; City; State; Zip Code Jersey City, NJ 07302-3622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer and Editor		Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colston, Jean <hr/> Contributor address; City; State; Zip Code Gaston, NC 27832-0566	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colston, Jean <hr/> Contributor address; City; State; Zip Code Gaston, NC 27832-0566	Amount of Contribution (\$) \$20.00
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: 193/1229 Rpt: 196/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colston, Jean <hr/> 6 Contributor address; City; State; Zip Code Gaston, NC 27832-0566	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colston, Jean <hr/> Contributor address; City; State; Zip Code Gaston, NC 27832-0566	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colston, Jean <hr/> Contributor address; City; State; Zip Code Gaston, NC 27832-0566	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colston, Jean <hr/> Contributor address; City; State; Zip Code Gaston, NC 27832-0566	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colucci, Robin <hr/> Contributor address; City; State; Zip Code Madison, CT 06443-2800	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		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: 194/1229 Rpt: 197/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colucci, Robin	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Madison, CT 06443-2800		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colucci, Robin	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Madison, CT 06443-2800		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colucci, Robin	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Madison, CT 06443-2800		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colucci, Robin	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Madison, CT 06443-2800		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Colucci, Robin	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Madison, CT 06443-2800		
Principal occupation / Job title (See Instructions) Consultant		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: 195/1229 Rpt: 198/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Columber, Rebecca	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Marion, OH 43302-8102		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comb, Doug	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Milford, MI 48381-0136		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comb, Doug	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Milford, MI 48381-0136		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comb, Doug	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Milford, MI 48381-0136		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Comb, Doug	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Milford, MI 48381-0136		
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: 196/1229 Rpt: 199/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, John <hr/> 6 Contributor address; City; State; Zip Code Washington Grove, MD 20880-2061	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, John <hr/> Contributor address; City; State; Zip Code Washington Grove, MD 20880-2061	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, John <hr/> Contributor address; City; State; Zip Code Washington Grove, MD 20880-2061	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, John <hr/> Contributor address; City; State; Zip Code Washington Grove, MD 20880-2061	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, John <hr/> Contributor address; City; State; Zip Code Washington Grove, MD 20880-2061	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: 197/1229 Rpt: 200/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, John <hr/> 6 Contributor address; City; State; Zip Code Washington Grove, MD 20880-2061	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conerly, Jeanne C. <hr/> Contributor address; City; State; Zip Code Ewing, NJ 08638-1724	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conerly, Jeanne C. <hr/> Contributor address; City; State; Zip Code Ewing, NJ 08638-1724	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conerly, Jeanne C. <hr/> Contributor address; City; State; Zip Code Ewing, NJ 08638-1724	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conerly, Jeanne C. <hr/> Contributor address; City; State; Zip Code Ewing, NJ 08638-1724	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: 198/1229 Rpt: 201/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conerly, Jeanne C. <hr/> 6 Contributor address; City; State; Zip Code Ewing, NJ 08638-1724	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conerly, Jeanne C. <hr/> Contributor address; City; State; Zip Code Ewing, NJ 08638-1724	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Congdon, Sarah <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85728-5807	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Congdon, Sarah <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85728-5807	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Congdon, Sarah <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85728-5807	Amount of Contribution (\$) \$10.00
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: 199/1229 Rpt: 202/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Congdon, Sarah <hr/> 6 Contributor address; City; State; Zip Code Tucson, AZ 85728-5807	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Congdon, Sarah <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85728-5807	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Elizabeth <hr/> Contributor address; City; State; Zip Code Wakefield, RI 02879-7808	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$20.00
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: 200/1229 Rpt: 203/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> 6 Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$15.00
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: 201/1229 Rpt: 204/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> 6 Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$10.00
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: 202/1229 Rpt: 205/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> 6 Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	Amount of Contribution (\$) \$20.00
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: 203/1229 Rpt: 206/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Heidi <hr/> 6 Contributor address; City; State; Zip Code Bellevue, WA 98004-6092	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Michael <hr/> Contributor address; City; State; Zip Code Manzanita, OR 97130-0935	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Melvin <hr/> Contributor address; City; State; Zip Code Litchfield Park, AZ 85340-2840	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin <hr/> Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Antiques Dealer		Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin <hr/> Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Antiques Dealer		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: 204/1229 Rpt: 207/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin <hr/> 6 Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Antiques Dealer		9 Employer (See Instructions) Self Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin <hr/> Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Antiques Dealer		Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin <hr/> Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Antiques Dealer		Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin <hr/> Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Antiques Dealer		Employer (See Instructions) Self Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin <hr/> Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Antiques Dealer		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: 205/1229 Rpt: 208/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662		
8 Principal occupation / Job title (See Instructions) Antiques Dealer		9 Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662		
Principal occupation / Job title (See Instructions) Antiques Dealer		Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662		
Principal occupation / Job title (See Instructions) Antiques Dealer		Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662		
Principal occupation / Job title (See Instructions) Antiques Dealer		Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662		
Principal occupation / Job title (See Instructions) Antiques Dealer		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: 206/1229 Rpt: 209/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662		
8 Principal occupation / Job title (See Instructions) Antiques Dealer		9 Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662		
Principal occupation / Job title (See Instructions) Antiques Dealer		Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662		
Principal occupation / Job title (See Instructions) Antiques Dealer		Employer (See Instructions) Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662		
Principal occupation / Job title (See Instructions) Antiques Dealer		Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662		
Principal occupation / Job title (See Instructions) Antiques Dealer		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: 207/1229 Rpt: 210/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin <hr/> 6 Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Antiques Dealer		9 Employer (See Instructions) Self Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Daniel <hr/> Contributor address; City; State; Zip Code Olney, MD 20832-2206	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Daniel <hr/> Contributor address; City; State; Zip Code Olney, MD 20832-2206	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Daniel <hr/> Contributor address; City; State; Zip Code Olney, MD 20832-2206	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Daniel <hr/> Contributor address; City; State; Zip Code Olney, MD 20832-2206	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: 208/1229 Rpt: 211/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Daniel <hr/> 6 Contributor address; City; State; Zip Code Olney, MD 20832-2206	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corbett, Daniel <hr/> Contributor address; City; State; Zip Code Olney, MD 20832-2206	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordora, Marianne <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30307-2593	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordora, Marianne <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30307-2593	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordora, Marianne <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30307-2593	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: 209/1229 Rpt: 212/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordora, Marianne <hr/> 6 Contributor address; City; State; Zip Code Atlanta, GA 30307-2593	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordora, Marianne <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30307-2593	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cordora, Marianne <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30307-2593	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cork, Deidre <hr/> Contributor address; City; State; Zip Code Warrenton, VA 20187-5842	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis <hr/> Contributor address; City; State; Zip Code Chilmark, MA 02535-2108	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 210/1229 Rpt: 213/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Chilmark, MA 02535-2108		
8 Principal occupation / Job title (See Instructions) Carpenter		9 Employer (See Instructions) MV Construction Company
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Chilmark, MA 02535-2108		
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Chilmark, MA 02535-2108		
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Chilmark, MA 02535-2108		
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Chilmark, MA 02535-2108		
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 211/1229 Rpt: 214/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis <hr/> 6 Contributor address; City; State; Zip Code Chilmark, MA 02535-2108	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Carpenter		9 Employer (See Instructions) MV Construction Company
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis <hr/> Contributor address; City; State; Zip Code Chilmark, MA 02535-2108	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis <hr/> Contributor address; City; State; Zip Code Chilmark, MA 02535-2108	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis <hr/> Contributor address; City; State; Zip Code Chilmark, MA 02535-2108	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis <hr/> Contributor address; City; State; Zip Code Chilmark, MA 02535-2108	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 212/1229 Rpt: 215/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis <hr/> 6 Contributor address; City; State; Zip Code Chilmark, MA 02535-2108	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Carpenter		9 Employer (See Instructions) MV Construction Company
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis <hr/> Contributor address; City; State; Zip Code Chilmark, MA 02535-2108	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis <hr/> Contributor address; City; State; Zip Code Chilmark, MA 02535-2108	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis <hr/> Contributor address; City; State; Zip Code Chilmark, MA 02535-2108	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis <hr/> Contributor address; City; State; Zip Code Chilmark, MA 02535-2108	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 213/1229 Rpt: 216/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Chilmark, MA 02535-2108		
8 Principal occupation / Job title (See Instructions) Carpenter		9 Employer (See Instructions) MV Construction Company
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Chilmark, MA 02535-2108		
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Chilmark, MA 02535-2108		
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Chilmark, MA 02535-2108		
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Chilmark, MA 02535-2108		
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 214/1229 Rpt: 217/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis <hr/> 6 Contributor address; City; State; Zip Code Chilmark, MA 02535-2108	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Carpenter		9 Employer (See Instructions) MV Construction Company
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costanzo, Richard <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20906-5835	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) National Education Association
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costanzo, Richard <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20906-5835	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) National Education Association
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costanzo, Richard <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20906-5835	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) National Education Association
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costanzo, Richard <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20906-5835	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) National Education Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 215/1229 Rpt: 218/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costanzo, Richard <hr/> 6 Contributor address; City; State; Zip Code Silver Spring, MD 20906-5835	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Researcher		9 Employer (See Instructions) National Education Association
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costanzo, Richard <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20906-5835	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) National Education Association
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Costello, Sam <hr/> Contributor address; City; State; Zip Code Marlboro, VT 05344	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Business Analyst		Employer (See Instructions) DigitasLBI Inc.
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotsirilos, Stephanie <hr/> Contributor address; City; State; Zip Code Portland, ME 04101-4973	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney and Consultant and Writer		Employer (See Instructions) Self Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotsirilos, Stephanie <hr/> Contributor address; City; State; Zip Code Portland, ME 04101-4973	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney and Consultant and Writer		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: 216/1229 Rpt: 219/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotsirilos, Stephanie <hr/> 6 Contributor address; City; State; Zip Code Portland, ME 04101-4973	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney and Consultant and Writer		9 Employer (See Instructions) Self Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotsirilos, Stephanie <hr/> Contributor address; City; State; Zip Code Portland, ME 04101-4973	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney and Consultant and Writer		Employer (See Instructions) Self Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotsirilos, Stephanie <hr/> Contributor address; City; State; Zip Code Portland, ME 04101-4973	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney and Consultant and Writer		Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cotsirilos, Stephanie <hr/> Contributor address; City; State; Zip Code Portland, ME 04101-4973	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney and Consultant and Writer		Employer (See Instructions) Self Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Counts, Gerry <hr/> Contributor address; City; State; Zip Code Sullivan, MO 63080-0428	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Gerry Counts Auto Sales

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 217/1229 Rpt: 220/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Counts, Gerry <hr/> 6 Contributor address; City; State; Zip Code Sullivan, MO 63080-0428	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Gerry Counts Auto Sales
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Counts, Gerry <hr/> Contributor address; City; State; Zip Code Sullivan, MO 63080-0428	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Gerry Counts Auto Sales
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Counts, Gerry <hr/> Contributor address; City; State; Zip Code Sullivan, MO 63080-0428	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Gerry Counts Auto Sales
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Counts, Gerry <hr/> Contributor address; City; State; Zip Code Sullivan, MO 63080-0428	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Gerry Counts Auto Sales
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Counts, Gerry <hr/> Contributor address; City; State; Zip Code Sullivan, MO 63080-0428	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Gerry Counts Auto Sales

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 218/1229 Rpt: 221/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtright, Julia	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Cedarburg, WI 53012-9527		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtright, Julia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cedarburg, WI 53012-9527		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtright, Julia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cedarburg, WI 53012-9527		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtright, Julia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cedarburg, WI 53012-9527		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtright, Julia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cedarburg, WI 53012-9527		
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: 219/1229 Rpt: 222/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtright, Julia	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Cedarburg, WI 53012-9527		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtright, Julia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cedarburg, WI 53012-9527		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtright, Julia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cedarburg, WI 53012-9527		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtright, Julia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cedarburg, WI 53012-9527		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtright, Julia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cedarburg, WI 53012-9527		
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: 220/1229 Rpt: 223/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Courtright, Julia <hr/> 6 Contributor address; City; State; Zip Code Cedarburg, WI 53012-9527	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Creed, Sandra <hr/> Contributor address; City; State; Zip Code Andersonville, TN 37705-0213	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Creed, Sandra <hr/> Contributor address; City; State; Zip Code Andersonville, TN 37705-0213	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Creed, Sandra <hr/> Contributor address; City; State; Zip Code Andersonville, TN 37705-0213	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Creed, Sandra <hr/> Contributor address; City; State; Zip Code Andersonville, TN 37705-0213	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: 221/1229 Rpt: 224/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Creed, Sandra <hr/> 6 Contributor address; City; State; Zip Code Andersonville, TN 37705-0213	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Creed, Sandra <hr/> Contributor address; City; State; Zip Code Andersonville, TN 37705-0213	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cryer, Jon <hr/> Contributor address; City; State; Zip Code Santa Clarita, CA 91350-2374	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cryer, Jon <hr/> Contributor address; City; State; Zip Code Santa Clarita, CA 91350-2374	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cryer, Jon <hr/> Contributor address; City; State; Zip Code Santa Clarita, CA 91350-2374	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Actor		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: 222/1229 Rpt: 225/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cryer, Jon <hr/> 6 Contributor address; City; State; Zip Code Santa Clarita, CA 91350-2374	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Actor		9 Employer (See Instructions) Self Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cryer, Jon <hr/> Contributor address; City; State; Zip Code Santa Clarita, CA 91350-2374	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cryer, Jon <hr/> Contributor address; City; State; Zip Code Santa Clarita, CA 91350-2374	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cueva, Ann <hr/> Contributor address; City; State; Zip Code Heyburn, ID 83336-9750	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curd, Philip <hr/> Contributor address; City; State; Zip Code Sandgap, KY 40481-0330	Amount of Contribution (\$) \$200.00
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: 223/1229 Rpt: 226/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalcero, Lawrence <hr/> 6 Contributor address; City; State; Zip Code Madera, CA 93637-4249	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalia, George C. <hr/> Contributor address; City; State; Zip Code Avondale Estates, GA 30002-1405	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalia, George C. <hr/> Contributor address; City; State; Zip Code Avondale Estates, GA 30002-1405	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalia, George C. <hr/> Contributor address; City; State; Zip Code Avondale Estates, GA 30002-1405	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalia, George C. <hr/> Contributor address; City; State; Zip Code Avondale Estates, GA 30002-1405	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) Consultant		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: 224/1229 Rpt: 227/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalia, George C. <hr/> 6 Contributor address; City; State; Zip Code Avondale Estates, GA 30002-1405	7 Amount of Contribution (\$) \$36.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalia, George C. <hr/> Contributor address; City; State; Zip Code Avondale Estates, GA 30002-1405	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalton, Maxine <hr/> Contributor address; City; State; Zip Code Hot Springs, NC 28743-7194	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalton, Maxine <hr/> Contributor address; City; State; Zip Code Hot Springs, NC 28743-7194	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalton, Maxine <hr/> Contributor address; City; State; Zip Code Hot Springs, NC 28743-7194	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: 225/1229 Rpt: 228/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalton, Maxine <hr/> 6 Contributor address; City; State; Zip Code Hot Springs, NC 28743-7194	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daly, Timothy <hr/> Contributor address; City; State; Zip Code Lincoln, NE 68504-2744	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Social Service Representative		Employer (See Instructions) U.S. Department of Veterans Affairs
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damokosh, Kim <hr/> Contributor address; City; State; Zip Code West Hartford, CT 06107-3525	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damokosh, Kim <hr/> Contributor address; City; State; Zip Code West Hartford, CT 06107-3525	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damokosh, Kim <hr/> Contributor address; City; State; Zip Code West Hartford, CT 06107-3525	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		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: 226/1229 Rpt: 229/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damokosh, Kim <hr/> 6 Contributor address; City; State; Zip Code West Hartford, CT 06107-3525	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damokosh, Kim <hr/> Contributor address; City; State; Zip Code West Hartford, CT 06107-3525	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Damokosh, Kim <hr/> Contributor address; City; State; Zip Code West Hartford, CT 06107-3525	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dancy, Will <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95825-6455	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dancy, Will <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95825-6455	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: 227/1229 Rpt: 230/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dancy, Will	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Sacramento, CA 95825-6455		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dancy, Will	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Sacramento, CA 95825-6455		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dancy, Will	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Sacramento, CA 95825-6455		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dancy, Will	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Sacramento, CA 95825-6455		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniels, Susan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Pullman, WA 99163-5525		
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: 228/1229 Rpt: 231/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darnell, Larry <hr/> 6 Contributor address; City; State; Zip Code Fairfield, CA 94533-7759	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauria, Joyce <hr/> Contributor address; City; State; Zip Code Palm Harbor, FL 34683-5427	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauria, Joyce <hr/> Contributor address; City; State; Zip Code Palm Harbor, FL 34683-5427	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauria, Joyce <hr/> Contributor address; City; State; Zip Code Palm Harbor, FL 34683-5427	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauria, Joyce <hr/> Contributor address; City; State; Zip Code Palm Harbor, FL 34683-5427	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer		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: 229/1229 Rpt: 232/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauria, Joyce <hr/> 6 Contributor address; City; State; Zip Code Palm Harbor, FL 34683-5427	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauria, Joyce <hr/> Contributor address; City; State; Zip Code Palm Harbor, FL 34683-5427	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Emily <hr/> Contributor address; City; State; Zip Code Brooklyn Hgts, NY 11201-4150	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) City University of New York
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Emily <hr/> Contributor address; City; State; Zip Code Brooklyn Hgts, NY 11201-4150	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) City University of New York
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Emily <hr/> Contributor address; City; State; Zip Code Brooklyn Hgts, NY 11201-4150	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) City University of New York

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 230/1229 Rpt: 233/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Emily <hr/> 6 Contributor address; City; State; Zip Code Brooklyn Hgts, NY 11201-4150	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) City University of New York
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Emily <hr/> Contributor address; City; State; Zip Code Brooklyn Hgts, NY 11201-4150	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) City University of New York
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Avery <hr/> Contributor address; City; State; Zip Code Marietta, GA 30062-3038	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) TEKSystems
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Avery <hr/> Contributor address; City; State; Zip Code Marietta, GA 30062-3038	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) TEKSystems
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Avery <hr/> Contributor address; City; State; Zip Code Marietta, GA 30062-3038	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) TEKSystems

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 231/1229 Rpt: 234/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Avery <hr/> 6 Contributor address; City; State; Zip Code Marietta, GA 30062-3038	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Developer		9 Employer (See Instructions) TEKSystems
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Avery <hr/> Contributor address; City; State; Zip Code Marietta, GA 30062-3038	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) TEKSystems
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Avery <hr/> Contributor address; City; State; Zip Code Marietta, GA 30062-3038	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) TEKSystems
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Donald <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22306-2559	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Joseph <hr/> Contributor address; City; State; Zip Code Lansing, MI 48906-9384	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) International Representative		Employer (See Instructions) International Brotherhood of Electrical Workers

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 232/1229 Rpt: 235/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Joseph <hr/> 6 Contributor address; City; State; Zip Code Lansing, MI 48906-9384	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) International Representative		9 Employer (See Instructions) International Brotherhood of Electrical Workers
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Joseph <hr/> Contributor address; City; State; Zip Code Lansing, MI 48906-9384	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) International Representative		Employer (See Instructions) International Brotherhood of Electrical Workers
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Joseph <hr/> Contributor address; City; State; Zip Code Lansing, MI 48906-9384	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) International Representative		Employer (See Instructions) International Brotherhood of Electrical Workers
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Joseph <hr/> Contributor address; City; State; Zip Code Lansing, MI 48906-9384	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) International Representative		Employer (See Instructions) International Brotherhood of Electrical Workers
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Joseph <hr/> Contributor address; City; State; Zip Code Lansing, MI 48906-9384	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) International Representative		Employer (See Instructions) International Brotherhood of Electrical Workers

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 233/1229 Rpt: 236/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marian <hr/> 6 Contributor address; City; State; Zip Code Portland, OR 97221-2737	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marian <hr/> Contributor address; City; State; Zip Code Portland, OR 97221-2737	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marian <hr/> Contributor address; City; State; Zip Code Portland, OR 97221-2737	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marian <hr/> Contributor address; City; State; Zip Code Portland, OR 97221-2737	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marian <hr/> Contributor address; City; State; Zip Code Portland, OR 97221-2737	Amount of Contribution (\$) \$35.00
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: 234/1229 Rpt: 237/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	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 90041-2418	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Lighting Designer		9 Employer (See Instructions) CBS Television
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marisa <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90041-2418	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lighting Designer		Employer (See Instructions) CBS Television
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marisa <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90041-2418	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lighting Designer		Employer (See Instructions) CBS Television
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marisa <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90041-2418	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lighting Designer		Employer (See Instructions) CBS Television
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marisa <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90041-2418	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Lighting Designer		Employer (See Instructions) CBS Television

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 235/1229 Rpt: 238/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	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 90041-2418	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Lighting Designer		9 Employer (See Instructions) CBS Television
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Melanie <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22903-7036	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Investment Management		Employer (See Instructions) UVIMCO
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Melanie <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22903-7036	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Investment Management		Employer (See Instructions) UVIMCO
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Melanie <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22903-7036	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Investment Management		Employer (See Instructions) UVIMCO
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Melanie <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22903-7036	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Investment Management		Employer (See Instructions) UVIMCO

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 236/1229 Rpt: 239/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Melanie <hr/> 6 Contributor address; City; State; Zip Code Charlottesville, VA 22903-7036	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Investment Management		9 Employer (See Instructions) UVIMCO
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Melanie <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22903-7036	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Investment Management		Employer (See Instructions) UVIMCO
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Robert <hr/> Contributor address; City; State; Zip Code Wildwood, MO 63005-6554	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Robert <hr/> Contributor address; City; State; Zip Code Wildwood, MO 63005-6554	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Robert <hr/> Contributor address; City; State; Zip Code Wildwood, MO 63005-6554	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: 237/1229 Rpt: 240/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Robert <hr/> 6 Contributor address; City; State; Zip Code Wildwood, MO 63005-6554	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Robert <hr/> Contributor address; City; State; Zip Code Wildwood, MO 63005-6554	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Robert <hr/> Contributor address; City; State; Zip Code Wildwood, MO 63005-6554	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Robert <hr/> Contributor address; City; State; Zip Code Portland, OR 97213-5138	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Ecotope
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Robert <hr/> Contributor address; City; State; Zip Code Portland, OR 97213-5138	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Ecotope

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 238/1229 Rpt: 241/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Robert <hr/> 6 Contributor address; City; State; Zip Code Portland, OR 97213-5138	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Ecotope
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Robert <hr/> Contributor address; City; State; Zip Code Portland, OR 97213-5138	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Ecotope
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Robert <hr/> Contributor address; City; State; Zip Code Portland, OR 97213-5138	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Ecotope
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Robert <hr/> Contributor address; City; State; Zip Code Portland, OR 97213-5138	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Ecotope
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Susan <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22306-2559	Amount of Contribution (\$) \$100.00
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: 239/1229 Rpt: 242/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Boer Van Der Kolk, Elisabeth <hr/> 6 Contributor address; City; State; Zip Code Boston, MA 02116-5816	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Boer Van Der Kolk, Elisabeth <hr/> Contributor address; City; State; Zip Code Boston, MA 02116-5816	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Boer Van Der Kolk, Elisabeth <hr/> Contributor address; City; State; Zip Code Boston, MA 02116-5816	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Boer Van Der Kolk, Elisabeth <hr/> Contributor address; City; State; Zip Code Boston, MA 02116-5816	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Boer Van Der Kolk, Elisabeth <hr/> Contributor address; City; State; Zip Code Boston, MA 02116-5816	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: 240/1229 Rpt: 243/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Boer Van Der Kolk, Elisabeth <hr/> 6 Contributor address; City; State; Zip Code Boston, MA 02116-5816	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Loizaga, Adela <hr/> Contributor address; City; State; Zip Code Norwalk, CT 06850-2707	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Medical Director		Employer (See Instructions) Principal Financial Group
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Loizaga, Adela <hr/> Contributor address; City; State; Zip Code Norwalk, CT 06850-2707	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Medical Director		Employer (See Instructions) Principal Financial Group
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Loizaga, Adela <hr/> Contributor address; City; State; Zip Code Norwalk, CT 06850-2707	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Medical Director		Employer (See Instructions) Principal Financial Group
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Loizaga, Adela <hr/> Contributor address; City; State; Zip Code Norwalk, CT 06850-2707	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Medical Director		Employer (See Instructions) Principal Financial Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 241/1229 Rpt: 244/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Loizaga, Adela <hr/> 6 Contributor address; City; State; Zip Code Norwalk, CT 06850-2707	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Medical Director		9 Employer (See Instructions) Principal Financial Group
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Loizaga, Adela <hr/> Contributor address; City; State; Zip Code Norwalk, CT 06850-2707	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Medical Director		Employer (See Instructions) Principal Financial Group
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Loizaga, Adela <hr/> Contributor address; City; State; Zip Code Norwalk, CT 06850-2707	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Medical Director		Employer (See Instructions) Principal Financial Group
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Loizaga, Adela <hr/> Contributor address; City; State; Zip Code Norwalk, CT 06850-2707	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Medical Director		Employer (See Instructions) Principal Financial Group
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decarvalho, Phyllis <hr/> Contributor address; City; State; Zip Code Greendale, WI 53129-1451	Amount of Contribution (\$) \$100.00
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: 242/1229 Rpt: 245/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decarvalho, Phyllis <hr/> 6 Contributor address; City; State; Zip Code Greendale, WI 53129-1451	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decarvalho, Phyllis <hr/> Contributor address; City; State; Zip Code Greendale, WI 53129-1451	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decarvalho, Phyllis <hr/> Contributor address; City; State; Zip Code Greendale, WI 53129-1451	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decarvalho, Phyllis <hr/> Contributor address; City; State; Zip Code Greendale, WI 53129-1451	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decesare, Judy <hr/> Contributor address; City; State; Zip Code Davis, CA 95616-2910	Amount of Contribution (\$) \$50.00
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: 243/1229 Rpt: 246/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decesare, Judy <hr/> 6 Contributor address; City; State; Zip Code Davis, CA 95616-2910	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decesare, Judy <hr/> Contributor address; City; State; Zip Code Davis, CA 95616-2910	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decesare, Judy <hr/> Contributor address; City; State; Zip Code Davis, CA 95616-2910	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decesare, Judy <hr/> Contributor address; City; State; Zip Code Davis, CA 95616-2910	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgiacco, Thomas <hr/> Contributor address; City; State; Zip Code Somerville, MA 02145-3626	Amount of Contribution (\$) \$50.00
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: 244/1229 Rpt: 247/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delgiacco, Thomas <hr/> 6 Contributor address; City; State; Zip Code Somerville, MA 02145-3626	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denny-Brown, Bruce <hr/> Contributor address; City; State; Zip Code Scarborough, ME 04074-7549	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denny-Brown, Bruce <hr/> Contributor address; City; State; Zip Code Scarborough, ME 04074-7549	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denny-Brown, Bruce <hr/> Contributor address; City; State; Zip Code Scarborough, ME 04074-7549	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denny-Brown, Bruce <hr/> Contributor address; City; State; Zip Code Scarborough, ME 04074-7549	Amount of Contribution (\$) \$100.00
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: 245/1229 Rpt: 248/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denny-Brown, Bruce <hr/> 6 Contributor address; City; State; Zip Code Scarborough, ME 04074-7549	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denslow, Susan <hr/> Contributor address; City; State; Zip Code Richland, WA 99352-7622	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denslow, Susan <hr/> Contributor address; City; State; Zip Code Richland, WA 99352-7622	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denslow, Susan <hr/> Contributor address; City; State; Zip Code Richland, WA 99352-7622	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denslow, Susan <hr/> Contributor address; City; State; Zip Code Richland, WA 99352-7622	Amount of Contribution (\$) \$50.00
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: 246/1229 Rpt: 249/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denslow, Susan <hr/> 6 Contributor address; City; State; Zip Code Richland, WA 99352-7622	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denslow, Susan <hr/> Contributor address; City; State; Zip Code Richland, WA 99352-7622	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denslow, Susan <hr/> Contributor address; City; State; Zip Code Richland, WA 99352-7622	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Densmore, Elizabeth <hr/> Contributor address; City; State; Zip Code Costa Mesa, CA 92627-4861	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Entrepreneur		Employer (See Instructions) Self Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Develbiss, Fred <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-1825	Amount of Contribution (\$) \$100.00
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: 247/1229 Rpt: 250/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devries, Carol <hr/> 6 Contributor address; City; State; Zip Code Greensboro, NC 27410-2192	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devries, Carol <hr/> Contributor address; City; State; Zip Code Greensboro, NC 27410-2192	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devries, Carol <hr/> Contributor address; City; State; Zip Code Greensboro, NC 27410-2192	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devries, Carol <hr/> Contributor address; City; State; Zip Code Greensboro, NC 27410-2192	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen <hr/> Contributor address; City; State; Zip Code Williamson, NY 14589-9758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) DyNalab Corporation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 248/1229 Rpt: 251/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Williamson, NY 14589-9758		
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) DyNalab Corporation
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Williamson, NY 14589-9758		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) DyNalab Corporation
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Williamson, NY 14589-9758		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) DyNalab Corporation
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Williamson, NY 14589-9758		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) DyNalab Corporation
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Williamson, NY 14589-9758		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) DyNalab Corporation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 249/1229 Rpt: 252/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen <hr/> 6 Contributor address; City; State; Zip Code Williamson, NY 14589-9758	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) DyNalab Corporation
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen <hr/> Contributor address; City; State; Zip Code Williamson, NY 14589-9758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) DyNalab Corporation
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen <hr/> Contributor address; City; State; Zip Code Williamson, NY 14589-9758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) DyNalab Corporation
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen <hr/> Contributor address; City; State; Zip Code Williamson, NY 14589-9758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) DyNalab Corporation
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen <hr/> Contributor address; City; State; Zip Code Williamson, NY 14589-9758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) DyNalab Corporation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 250/1229 Rpt: 253/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen <hr/> 6 Contributor address; City; State; Zip Code Williamson, NY 14589-9758	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) DyNalab Corporation
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diamond, Martin <hr/> Contributor address; City; State; Zip Code Kula, HI 96790-7458	Amount of Contribution (\$) \$53.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diamond, Martin <hr/> Contributor address; City; State; Zip Code Kula, HI 96790-7458	Amount of Contribution (\$) \$53.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diamond, Martin <hr/> Contributor address; City; State; Zip Code Kula, HI 96790-7458	Amount of Contribution (\$) \$53.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diamond, Martin <hr/> Contributor address; City; State; Zip Code Kula, HI 96790-7458	Amount of Contribution (\$) \$53.00
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: 251/1229 Rpt: 254/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dick, Mary <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20016-2350	7 Amount of Contribution (\$) \$47.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dick, Mary <hr/> Contributor address; City; State; Zip Code Washington, DC 20016-2350	Amount of Contribution (\$) \$47.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickey, Alan <hr/> Contributor address; City; State; Zip Code Summit, NJ 07901-1435	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Regsicope
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickey, Alan <hr/> Contributor address; City; State; Zip Code Summit, NJ 07901-1435	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Regsicope
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickey, Alan <hr/> Contributor address; City; State; Zip Code Summit, NJ 07901-1435	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Regsicope

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 252/1229 Rpt: 255/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickey, Alan <hr/> 6 Contributor address; City; State; Zip Code Summit, NJ 07901-1435	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Programmer		9 Employer (See Instructions) Regscope
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickey, Alan <hr/> Contributor address; City; State; Zip Code Summit, NJ 07901-1435	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Regscope
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dickey, Alan <hr/> Contributor address; City; State; Zip Code Summit, NJ 07901-1435	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Regscope
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillon, Mark <hr/> Contributor address; City; State; Zip Code Poway, CA 92064-2353	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillon, Mark <hr/> Contributor address; City; State; Zip Code Poway, CA 92064-2353	Amount of Contribution (\$) \$50.00
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: 253/1229 Rpt: 256/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillon, Mark <hr/> 6 Contributor address; City; State; Zip Code Poway, CA 92064-2353	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillon, Mark <hr/> Contributor address; City; State; Zip Code Poway, CA 92064-2353	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillon, Mark <hr/> Contributor address; City; State; Zip Code Poway, CA 92064-2353	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dillon, Mark <hr/> Contributor address; City; State; Zip Code Poway, CA 92064-2353	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Distefano, Mark <hr/> Contributor address; City; State; Zip Code Plymouth, MN 55446-2962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Minnesota Twin Cities

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 254/1229 Rpt: 257/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Distefano, Mark <hr/> 6 Contributor address; City; State; Zip Code Plymouth, MN 55446-2962	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of Minnesota Twin Cities
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Distefano, Mark <hr/> Contributor address; City; State; Zip Code Plymouth, MN 55446-2962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Minnesota Twin Cities
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Distefano, Mark <hr/> Contributor address; City; State; Zip Code Plymouth, MN 55446-2962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Minnesota Twin Cities
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Distefano, Mark <hr/> Contributor address; City; State; Zip Code Plymouth, MN 55446-2962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Minnesota Twin Cities
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Distefano, Mark <hr/> Contributor address; City; State; Zip Code Plymouth, MN 55446-2962	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Minnesota Twin Cities

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 255/1229 Rpt: 258/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobbin, Barbara <hr/> 6 Contributor address; City; State; Zip Code Ridgefield, CT 06877-2703	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobbin, Barbara <hr/> Contributor address; City; State; Zip Code Ridgefield, CT 06877-2703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobbin, Barbara <hr/> Contributor address; City; State; Zip Code Ridgefield, CT 06877-2703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobbin, Barbara <hr/> Contributor address; City; State; Zip Code Ridgefield, CT 06877-2703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobbin, Barbara <hr/> Contributor address; City; State; Zip Code Ridgefield, CT 06877-2703	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: 256/1229 Rpt: 259/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobbin, Barbara <hr/> 6 Contributor address; City; State; Zip Code Ridgefield, CT 06877-2703	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dobbin, Barbara <hr/> Contributor address; City; State; Zip Code Ridgefield, CT 06877-2703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodge, Kristie <hr/> Contributor address; City; State; Zip Code Bedford, MA 01730-1009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) The Dodge Company
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dodge, Kristie <hr/> Contributor address; City; State; Zip Code Bedford, MA 01730-1009	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) The Dodge Company
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Domino, Marylou <hr/> Contributor address; City; State; Zip Code Milton, MA 02186-4429	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) JTD Retail Strategies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 257/1229 Rpt: 260/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Domino, Marylou <hr/> 6 Contributor address; City; State; Zip Code Milton, MA 02186-4429	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Office Manager		9 Employer (See Instructions) JTD Retail Strategies
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Domino, Marylou <hr/> Contributor address; City; State; Zip Code Milton, MA 02186-4429	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) JTD Retail Strategies
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Domino, Marylou <hr/> Contributor address; City; State; Zip Code Milton, MA 02186-4429	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) JTD Retail Strategies
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Domino, Marylou <hr/> Contributor address; City; State; Zip Code Milton, MA 02186-4429	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) JTD Retail Strategies
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Domino, Marylou <hr/> Contributor address; City; State; Zip Code Milton, MA 02186-4429	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) JTD Retail Strategies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 258/1229 Rpt: 261/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donahue, Michael <hr/> 6 Contributor address; City; State; Zip Code Lisbon, MD 21765-0519	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donahue, Michael <hr/> Contributor address; City; State; Zip Code Lisbon, MD 21765-0519	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donahue, Michael <hr/> Contributor address; City; State; Zip Code Lisbon, MD 21765-0519	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donahue, Michael <hr/> Contributor address; City; State; Zip Code Lisbon, MD 21765-0519	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donahue, Michael <hr/> Contributor address; City; State; Zip Code Lisbon, MD 21765-0519	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		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: 259/1229 Rpt: 262/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donahue, Michael <hr/> 6 Contributor address; City; State; Zip Code Lisbon, MD 21765-0519	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donald, Bruce <hr/> Contributor address; City; State; Zip Code Winchester, MA 01890-2423	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnelly, Monica <hr/> Contributor address; City; State; Zip Code Holland, MI 49423-3127	Amount of Contribution (\$) \$800.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dooley, Sandra <hr/> Contributor address; City; State; Zip Code South Burlington, VT 05403-6144	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doubek, Sharon <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087-2223	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Office Manager		Employer (See Instructions) BOK Ranch

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 260/1229 Rpt: 263/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doughty, Lisa <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98116-2025	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Test Manager		9 Employer (See Instructions) US Department of Defense
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doughty, Lisa <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-2025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Test Manager		Employer (See Instructions) US Department of Defense
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doughty, Lisa <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-2025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Test Manager		Employer (See Instructions) US Department of Defense
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doughty, Lisa <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-2025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Test Manager		Employer (See Instructions) US Department of Defense
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doughty, Lisa <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-2025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Test Manager		Employer (See Instructions) US Department of Defense

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 261/1229 Rpt: 264/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doughty, Lisa <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98116-2025	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Test Manager		9 Employer (See Instructions) US Department of Defense
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Connie S. <hr/> Contributor address; City; State; Zip Code Wilmington, OH 45177-1859	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Connie S. <hr/> Contributor address; City; State; Zip Code Wilmington, OH 45177-1859	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Connie S. <hr/> Contributor address; City; State; Zip Code Wilmington, OH 45177-1859	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Connie S. <hr/> Contributor address; City; State; Zip Code Wilmington, OH 45177-1859	Amount of Contribution (\$) \$19.00
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: 262/1229 Rpt: 265/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Connie S. <hr/> 6 Contributor address; City; State; Zip Code Wilmington, OH 45177-1859	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Connie S. <hr/> Contributor address; City; State; Zip Code Wilmington, OH 45177-1859	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Connie S. <hr/> Contributor address; City; State; Zip Code Wilmington, OH 45177-1859	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drayton, Edward <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93101-5317	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Mechanic		Employer (See Instructions) Drayton Automotive
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drayton, Edward <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93101-5317	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Mechanic		Employer (See Instructions) Drayton Automotive

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 263/1229 Rpt: 266/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drayton, Edward <hr/> 6 Contributor address; City; State; Zip Code Santa Barbara, CA 93101-5317	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Mechanic		9 Employer (See Instructions) Drayton Automotive
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drayton, Edward <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93101-5317	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Mechanic		Employer (See Instructions) Drayton Automotive
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drayton, Edward <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93101-5317	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Mechanic		Employer (See Instructions) Drayton Automotive
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drayton, Edward <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93101-5317	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Mechanic		Employer (See Instructions) Drayton Automotive
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drayton, Edward <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93101-5317	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Mechanic		Employer (See Instructions) Drayton Automotive

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 264/1229 Rpt: 267/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drayton, Edward	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Santa Barbara, CA 93101-5317		
8 Principal occupation / Job title (See Instructions) Mechanic		9 Employer (See Instructions) Drayton Automotive
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drayton, Edward	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Santa Barbara, CA 93101-5317		
Principal occupation / Job title (See Instructions) Mechanic		Employer (See Instructions) Drayton Automotive
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drayton, Edward	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Santa Barbara, CA 93101-5317		
Principal occupation / Job title (See Instructions) Mechanic		Employer (See Instructions) Drayton Automotive
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drayton, Edward	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Santa Barbara, CA 93101-5317		
Principal occupation / Job title (See Instructions) Mechanic		Employer (See Instructions) Drayton Automotive
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drayton, Edward	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Santa Barbara, CA 93101-5317		
Principal occupation / Job title (See Instructions) Mechanic		Employer (See Instructions) Drayton Automotive

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 265/1229 Rpt: 268/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drayton, Edward <hr/> 6 Contributor address; City; State; Zip Code Santa Barbara, CA 93101-5317	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Mechanic		9 Employer (See Instructions) Drayton Automotive
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drayton, Edward <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93101-5317	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Mechanic		Employer (See Instructions) Drayton Automotive
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drayton, Edward <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93101-5317	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Mechanic		Employer (See Instructions) Drayton Automotive
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drayton, Edward <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93101-5317	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Mechanic		Employer (See Instructions) Drayton Automotive
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drayton, Edward <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93101-5317	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Mechanic		Employer (See Instructions) Drayton Automotive

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 266/1229 Rpt: 269/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drayton, Edward <hr/> 6 Contributor address; City; State; Zip Code Santa Barbara, CA 93101-5317	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Mechanic		9 Employer (See Instructions) Drayton Automotive
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drimmer, Andrea <hr/> Contributor address; City; State; Zip Code Gaithersburg, MD 20878-7409	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dryden, James <hr/> Contributor address; City; State; Zip Code Anchorage, AK 99507-2469	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dryden, James <hr/> Contributor address; City; State; Zip Code Anchorage, AK 99507-2469	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dumolt, Susan <hr/> Contributor address; City; State; Zip Code Beavercreek, OR 97004-8839	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: 267/1229 Rpt: 270/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dumolt, Susan <hr/> 6 Contributor address; City; State; Zip Code Beavercreek, OR 97004-8839	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dumolt, Susan <hr/> Contributor address; City; State; Zip Code Beavercreek, OR 97004-8839	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dumolt, Susan <hr/> Contributor address; City; State; Zip Code Beavercreek, OR 97004-8839	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dumolt, Susan <hr/> Contributor address; City; State; Zip Code Beavercreek, OR 97004-8839	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dumolt, Susan <hr/> Contributor address; City; State; Zip Code Beavercreek, OR 97004-8839	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: 268/1229 Rpt: 271/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunning, Elizabeth T.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78752-2476	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunning, Elizabeth T.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78752-2476	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunning, Elizabeth T.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78752-2476	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunning, Elizabeth T.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78752-2476	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunning, Elizabeth T.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78752-2476	
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: 269/1229 Rpt: 272/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunning, Elizabeth T.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Austin, TX 78752-2476	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durbin, Joan	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sergeantsville, NJ 08557-0052	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Rutgers-New Jersey Medical School
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durbin, Joan	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sergeantsville, NJ 08557-0052	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Rutgers-New Jersey Medical School
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durbin, Joan	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sergeantsville, NJ 08557-0052	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Rutgers-New Jersey Medical School
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durbin, Joan	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Sergeantsville, NJ 08557-0052	
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Rutgers-New Jersey Medical School

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 270/1229 Rpt: 273/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durbin, Joan <hr/> 6 Contributor address; City; State; Zip Code Sergeantsville, NJ 08557-0052	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Rutgers-New Jersey Medical School
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Durbin, Joan <hr/> Contributor address; City; State; Zip Code Sergeantsville, NJ 08557-0052	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Rutgers-New Jersey Medical School
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eagleton, Gwen <hr/> Contributor address; City; State; Zip Code Stroudsburg, PA 18360-8613	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eagleton, Gwen <hr/> Contributor address; City; State; Zip Code Stroudsburg, PA 18360-8613	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eagleton, Gwen <hr/> Contributor address; City; State; Zip Code Stroudsburg, PA 18360-8613	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: 271/1229 Rpt: 274/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eagleton, Gwen <hr/> 6 Contributor address; City; State; Zip Code Stroudsburg, PA 18360-8613	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eagleton, Gwen <hr/> Contributor address; City; State; Zip Code Stroudsburg, PA 18360-8613	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eagleton, Gwen <hr/> Contributor address; City; State; Zip Code Stroudsburg, PA 18360-8613	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Geoff <hr/> Contributor address; City; State; Zip Code Crete, NE 68333-1747	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Geoff <hr/> Contributor address; City; State; Zip Code Crete, NE 68333-1747	Amount of Contribution (\$) \$7.00
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: 272/1229 Rpt: 275/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Geoff <hr/> 6 Contributor address; City; State; Zip Code Crete, NE 68333-1747	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Geoff <hr/> Contributor address; City; State; Zip Code Crete, NE 68333-1747	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Geoff <hr/> Contributor address; City; State; Zip Code Crete, NE 68333-1747	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Geoff <hr/> Contributor address; City; State; Zip Code Crete, NE 68333-1747	Amount of Contribution (\$) \$17.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Geoff <hr/> Contributor address; City; State; Zip Code Crete, NE 68333-1747	Amount of Contribution (\$) \$7.00
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: 273/1229 Rpt: 276/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Geoff <hr/> 6 Contributor address; City; State; Zip Code Crete, NE 68333-1747	7 Amount of Contribution (\$) \$37.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Geoff <hr/> Contributor address; City; State; Zip Code Crete, NE 68333-1747	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Geoff <hr/> Contributor address; City; State; Zip Code Crete, NE 68333-1747	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Geoff <hr/> Contributor address; City; State; Zip Code Crete, NE 68333-1747	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Geoff <hr/> Contributor address; City; State; Zip Code Crete, NE 68333-1747	Amount of Contribution (\$) \$5.00
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: 274/1229 Rpt: 277/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Geoff <hr/> 6 Contributor address; City; State; Zip Code Crete, NE 68333-1747	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Geoff <hr/> Contributor address; City; State; Zip Code Crete, NE 68333-1747	Amount of Contribution (\$) \$17.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Geoff <hr/> Contributor address; City; State; Zip Code Crete, NE 68333-1747	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Geoff <hr/> Contributor address; City; State; Zip Code Crete, NE 68333-1747	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Geoff <hr/> Contributor address; City; State; Zip Code Crete, NE 68333-1747	Amount of Contribution (\$) \$7.00
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: 275/1229 Rpt: 278/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebel, Jenny <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94619-2221	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckenrode, James <hr/> Contributor address; City; State; Zip Code Mesa, AZ 85209-1431	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckenrode, James <hr/> Contributor address; City; State; Zip Code Mesa, AZ 85209-1431	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckenrode, James <hr/> Contributor address; City; State; Zip Code Mesa, AZ 85209-1431	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckenrode, James <hr/> Contributor address; City; State; Zip Code Mesa, AZ 85209-1431	Amount of Contribution (\$) \$50.00
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: 276/1229 Rpt: 279/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckenrode, James	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Mesa, AZ 85209-1431		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eckenrode, James	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Mesa, AZ 85209-1431		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edelman, Arthur	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code East Amherst, NY 14051-1949		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) State University of New York Buffalo
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edelman, Jonah	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Portland, OR 97202-5934		
Principal occupation / Job title (See Instructions) Education Advocate		Employer (See Instructions) Stand for Children
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edelman, Jonah	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Portland, OR 97202-5934		
Principal occupation / Job title (See Instructions) Education Advocate		Employer (See Instructions) Stand for Children

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 277/1229 Rpt: 280/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edelman, Jonah <hr/> 6 Contributor address; City; State; Zip Code Portland, OR 97202-5934	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Education Advocate		9 Employer (See Instructions) Stand for Children
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edelman, Jonah <hr/> Contributor address; City; State; Zip Code Portland, OR 97202-5934	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Education Advocate		Employer (See Instructions) Stand for Children
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edelman, Jonah <hr/> Contributor address; City; State; Zip Code Portland, OR 97202-5934	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Education Advocate		Employer (See Instructions) Stand for Children
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edelman, Jonah <hr/> Contributor address; City; State; Zip Code Portland, OR 97202-5934	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Education Advocate		Employer (See Instructions) Stand for Children
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgar, Cary <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85018-2300	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) PT Management Support

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 278/1229 Rpt: 281/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgar, Cary <hr/> 6 Contributor address; City; State; Zip Code Phoenix, AZ 85018-2300	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) PT Management Support
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgar, Cary <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85018-2300	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) PT Management Support
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgar, Cary <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85018-2300	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) PT Management Support
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgar, Cary <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85018-2300	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) PT Management Support
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edgar, Cary <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85018-2300	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) PT Management Support

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 279/1229 Rpt: 282/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Anthony <hr/> 6 Contributor address; City; State; Zip Code Eugene, OR 97405-3213	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Anthony <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-3213	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Anthony <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-3213	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Anthony <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-3213	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Anthony <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-3213	Amount of Contribution (\$) \$60.00
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: 280/1229 Rpt: 283/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Anthony <hr/> 6 Contributor address; City; State; Zip Code Eugene, OR 97405-3213	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehrenberg, Camille <hr/> Contributor address; City; State; Zip Code New York, NY 10024-5342	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) The Dalton School
Date 09/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eichler, Mary Ann <hr/> Contributor address; City; State; Zip Code Vancouver, WA 98683-9571	Amount of Contribution (\$) \$110.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eisenberg, Geraldine <hr/> Contributor address; City; State; Zip Code Aiken, SC 29801-7107	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eisenberg, Geraldine <hr/> Contributor address; City; State; Zip Code Aiken, SC 29801-7107	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: 281/1229 Rpt: 284/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El-Badry, Osama <hr/> 6 Contributor address; City; State; Zip Code Cornelius, NC 28031-9367	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El-Badry, Osama <hr/> Contributor address; City; State; Zip Code Cornelius, NC 28031-9367	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El-Badry, Osama <hr/> Contributor address; City; State; Zip Code Cornelius, NC 28031-9367	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El-Badry, Osama <hr/> Contributor address; City; State; Zip Code Cornelius, NC 28031-9367	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El-Badry, Osama <hr/> Contributor address; City; State; Zip Code Cornelius, NC 28031-9367	Amount of Contribution (\$) \$20.00
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: 282/1229 Rpt: 285/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) El-Badry, Osama <hr/> 6 Contributor address; City; State; Zip Code Cornelius, NC 28031-9367	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elbow, Gary <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79410-2714	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elder, David <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19130-3206	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Pennsylvania
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elder, David <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19130-3206	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Pennsylvania
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elledge, Karen <hr/> Contributor address; City; State; Zip Code Seattle, WA 98119-1344	Amount of Contribution (\$) \$100.00
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: 283/1229 Rpt: 286/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Dan <hr/> 6 Contributor address; City; State; Zip Code Louisburg, NC 27549-2434	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Dan <hr/> Contributor address; City; State; Zip Code Louisburg, NC 27549-2434	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Dan <hr/> Contributor address; City; State; Zip Code Louisburg, NC 27549-2434	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Dan <hr/> Contributor address; City; State; Zip Code Louisburg, NC 27549-2434	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Dan <hr/> Contributor address; City; State; Zip Code Louisburg, NC 27549-2434	Amount of Contribution (\$) \$50.00
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: 284/1229 Rpt: 287/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Dan <hr/> 6 Contributor address; City; State; Zip Code Louisburg, NC 27549-2434	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Joseph <hr/> Contributor address; City; State; Zip Code New Brunswick, NJ 08901-1835	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Joseph <hr/> Contributor address; City; State; Zip Code New Brunswick, NJ 08901-1835	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Marcia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60611-2798	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Robert <hr/> Contributor address; City; State; Zip Code Chicago, IL 60611-2262	Amount of Contribution (\$) \$250.00
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: 285/1229 Rpt: 288/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Rodney <hr/> 6 Contributor address; City; State; Zip Code Alexandria, VA 22314-5751	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Rodney L. Ellis MD PC
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Rodney <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22314-5751	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Rodney L. Ellis MD PC
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Rodney <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22314-5751	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Rodney L. Ellis MD PC
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Rodney <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22314-5751	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Rodney L. Ellis MD PC
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Rodney <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22314-5751	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Rodney L. Ellis MD PC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 286/1229 Rpt: 289/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellis, Rodney <hr/> 6 Contributor address; City; State; Zip Code Alexandria, VA 22314-5751	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Rodney L. Ellis MD PC
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellison, Thomas <hr/> Contributor address; City; State; Zip Code Santa Cruz, CA 95062-3334	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elting, Peter <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94107-2630	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elting, Peter <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94107-2630	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elting, Peter <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94107-2630	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: 287/1229 Rpt: 290/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elting, Peter <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94107-2630	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elting, Peter <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94107-2630	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elting, Peter <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94107-2630	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engel, Lewis <hr/> Contributor address; City; State; Zip Code San Rafael, CA 94901-3614	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Clinical Psychologist		Employer (See Instructions) Self Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engel, Lewis <hr/> Contributor address; City; State; Zip Code San Rafael, CA 94901-3614	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Clinical Psychologist		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: 288/1229 Rpt: 291/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engel, Lewis <hr/> 6 Contributor address; City; State; Zip Code San Rafael, CA 94901-3614	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Clinical Psychologist		9 Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engel, Lewis <hr/> Contributor address; City; State; Zip Code San Rafael, CA 94901-3614	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Clinical Psychologist		Employer (See Instructions) Self Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engel, Lewis <hr/> Contributor address; City; State; Zip Code San Rafael, CA 94901-3614	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Clinical Psychologist		Employer (See Instructions) Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engel, Lewis <hr/> Contributor address; City; State; Zip Code San Rafael, CA 94901-3614	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Clinical Psychologist		Employer (See Instructions) Self Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) English, Kenneth <hr/> Contributor address; City; State; Zip Code Riverdale, GA 30296-7047	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: 289/1229 Rpt: 292/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) English, Kenneth	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Riverdale, GA 30296-7047		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) English, Kenneth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Riverdale, GA 30296-7047		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) English, Kenneth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Riverdale, GA 30296-7047		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) English, Kenneth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Riverdale, GA 30296-7047		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) English, Kenneth	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Riverdale, GA 30296-7047		
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: 290/1229 Rpt: 293/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein, Donna <hr/> 6 Contributor address; City; State; Zip Code Greenbrae, CA 94904	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson Jr., Josiah <hr/> Contributor address; City; State; Zip Code Seattle, WA 98115-6943	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Property Manager and Investor		Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson Jr., Josiah <hr/> Contributor address; City; State; Zip Code Seattle, WA 98115-6943	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Property Manager and Investor		Employer (See Instructions) Self Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escajeda, Lilia <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79103-4607	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Amarillo National Bank
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Escajeda, Lilia <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79103-4607	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) Amarillo National Bank

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 291/1229 Rpt: 294/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esser-Kahn, Aaron	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Chicago, IL 60615-5059		
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of Chicago
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esser-Kahn, Aaron	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Chicago, IL 60615-5059		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Chicago
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esser-Kahn, Aaron	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Chicago, IL 60615-5059		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Chicago
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esser-Kahn, Aaron	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Chicago, IL 60615-5059		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Chicago
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esser-Kahn, Aaron	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Chicago, IL 60615-5059		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Chicago

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 292/1229 Rpt: 295/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Esser-Kahn, Aaron <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60615-5059	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of Chicago
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes, Douglas <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118-4063	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes, Douglas <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118-4063	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes, Douglas <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118-4063	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes, Douglas <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118-4063	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: 293/1229 Rpt: 296/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes, Douglas <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94118-4063	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estes, Douglas <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118-4063	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrin, Richard <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95819-1933	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrin, Richard <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95819-1933	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrin, Richard <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95819-1933	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Musician		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: 294/1229 Rpt: 297/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrin, Richard <hr/> 6 Contributor address; City; State; Zip Code Sacramento, CA 95819-1933	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Musician		9 Employer (See Instructions) Self Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrin, Richard <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95819-1933	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estrin, Richard <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95819-1933	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evangelista, Jacqueline <hr/> Contributor address; City; State; Zip Code Painesville, OH 44077-9594	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evangelista, Jacqueline <hr/> Contributor address; City; State; Zip Code Painesville, OH 44077-9594	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: 295/1229 Rpt: 298/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evangelista, Jacqueline <hr/> 6 Contributor address; City; State; Zip Code Painesville, OH 44077-9594	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evangelista, Jacqueline <hr/> Contributor address; City; State; Zip Code Painesville, OH 44077-9594	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evangelista, Jacqueline <hr/> Contributor address; City; State; Zip Code Painesville, OH 44077-9594	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evangelista, Jacqueline <hr/> Contributor address; City; State; Zip Code Painesville, OH 44077-9594	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Shawn <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114-2525	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Integrated Payor Solutions

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 296/1229 Rpt: 299/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Shawn <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94114-2525	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) Integrated Payor Solutions
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Shawn <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114-2525	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Integrated Payor Solutions
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Shawn <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114-2525	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Integrated Payor Solutions
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Shawn <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114-2525	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Integrated Payor Solutions
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evans, Shawn <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114-2525	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Integrated Payor Solutions

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 297/1229 Rpt: 300/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falk, John	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Scarsdale, NY 10583-2645		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrell, Christian	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Roswell, GA 30075-7112		
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions) Publicis Media
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrell, Christian	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Roswell, GA 30075-7112		
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions) Publicis Media
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrell, Christian	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Roswell, GA 30075-7112		
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions) Publicis Media
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrell, Christian	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Roswell, GA 30075-7112		
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions) Publicis Media

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 298/1229 Rpt: 301/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrell, Christian <hr/> 6 Contributor address; City; State; Zip Code Roswell, GA 30075-7112	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Advertising		9 Employer (See Instructions) Publicis Media
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrell, Christian <hr/> Contributor address; City; State; Zip Code Roswell, GA 30075-7112	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Advertising		Employer (See Instructions) Publicis Media
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faucett, Mary <hr/> Contributor address; City; State; Zip Code Springfield, MO 65804-0120	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faucett, Mary <hr/> Contributor address; City; State; Zip Code Springfield, MO 65804-0120	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faucett, Mary <hr/> Contributor address; City; State; Zip Code Springfield, MO 65804-0120	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		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: 299/1229 Rpt: 302/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faucett, Mary <hr/> 6 Contributor address; City; State; Zip Code Springfield, MO 65804-0120	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faucett, Mary <hr/> Contributor address; City; State; Zip Code Springfield, MO 65804-0120	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faucett, Mary <hr/> Contributor address; City; State; Zip Code Springfield, MO 65804-0120	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faucett, Mary <hr/> Contributor address; City; State; Zip Code Springfield, MO 65804-0120	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faucett, Mary <hr/> Contributor address; City; State; Zip Code Springfield, MO 65804-0120	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Business Owner		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: 300/1229 Rpt: 303/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faucett, Mary <hr/> 6 Contributor address; City; State; Zip Code Springfield, MO 65804-0120	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faucett, Mary <hr/> Contributor address; City; State; Zip Code Springfield, MO 65804-0120	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faucett, Mary <hr/> Contributor address; City; State; Zip Code Springfield, MO 65804-0120	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faucett, Mary <hr/> Contributor address; City; State; Zip Code Springfield, MO 65804-0120	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fawell, Yvonne <hr/> Contributor address; City; State; Zip Code Naperville, IL 60540-4414	Amount of Contribution (\$) \$100.00
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: 301/1229 Rpt: 304/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fein, Richard <hr/> 6 Contributor address; City; State; Zip Code Portland, OR 97202-4143	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feldman, Vera <hr/> Contributor address; City; State; Zip Code Germantown, TN 38138-2645	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feldman, Vera <hr/> Contributor address; City; State; Zip Code Germantown, TN 38138-2645	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feldman, Vera <hr/> Contributor address; City; State; Zip Code Germantown, TN 38138-2645	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feldman, Vera <hr/> Contributor address; City; State; Zip Code Germantown, TN 38138-2645	Amount of Contribution (\$) \$20.00
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: 302/1229 Rpt: 305/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feldman, Vera <hr/> 6 Contributor address; City; State; Zip Code Germantown, TN 38138-2645	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feldman, Vera <hr/> Contributor address; City; State; Zip Code Germantown, TN 38138-2645	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feldstein, S Peter <hr/> Contributor address; City; State; Zip Code Northville, NY 12134-9630	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feuerstein, Paul B. <hr/> Contributor address; City; State; Zip Code New York, NY 10035	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President and CEO		Employer (See Instructions) Barrier Free Living
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feuerstein, Paul B. <hr/> Contributor address; City; State; Zip Code New York, NY 10035	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President and CEO		Employer (See Instructions) Barrier Free Living

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 303/1229 Rpt: 306/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feuerstein, Paul B.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code New York, NY 10035	
8 Principal occupation / Job title (See Instructions) President and CEO		9 Employer (See Instructions) Barrier Free Living
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feuerstein, Paul B.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code New York, NY 10035	
Principal occupation / Job title (See Instructions) President and CEO		Employer (See Instructions) Barrier Free Living
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feuerstein, Paul B.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code New York, NY 10035	
Principal occupation / Job title (See Instructions) President and CEO		Employer (See Instructions) Barrier Free Living
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feuerstein, Paul B.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code New York, NY 10035	
Principal occupation / Job title (See Instructions) President and CEO		Employer (See Instructions) Barrier Free Living
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fici, Patricia	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Duncan, SC 29334-9177	
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: 304/1229 Rpt: 307/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fici, Patricia <hr/> 6 Contributor address; City; State; Zip Code Duncan, SC 29334-9177	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fici, Patricia <hr/> Contributor address; City; State; Zip Code Duncan, SC 29334-9177	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fici, Patricia <hr/> Contributor address; City; State; Zip Code Duncan, SC 29334-9177	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fici, Patricia <hr/> Contributor address; City; State; Zip Code Duncan, SC 29334-9177	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fici, Patricia <hr/> Contributor address; City; State; Zip Code Duncan, SC 29334-9177	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: 305/1229 Rpt: 308/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fields, Howard <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94708-1348	7 Amount of Contribution (\$) \$2,000.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of California San Francisco
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitz, Steven <hr/> Contributor address; City; State; Zip Code Douglasville, GA 30135-4836	Amount of Contribution (\$) \$28.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitz, Steven <hr/> Contributor address; City; State; Zip Code Douglasville, GA 30135-4836	Amount of Contribution (\$) \$28.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitz, Steven <hr/> Contributor address; City; State; Zip Code Douglasville, GA 30135-4836	Amount of Contribution (\$) \$28.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitz, Steven <hr/> Contributor address; City; State; Zip Code Douglasville, GA 30135-4836	Amount of Contribution (\$) \$28.00
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: 306/1229 Rpt: 309/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitz, Steven <hr/> 6 Contributor address; City; State; Zip Code Douglasville, GA 30135-4836	7 Amount of Contribution (\$) \$28.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitz, Steven <hr/> Contributor address; City; State; Zip Code Douglasville, GA 30135-4836	Amount of Contribution (\$) \$28.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flemming, J. David <hr/> Contributor address; City; State; Zip Code Nehalem, OR 97131-9858	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flemming, J. David <hr/> Contributor address; City; State; Zip Code Nehalem, OR 97131-9858	Amount of Contribution (\$) \$90.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flemming, Marilyn <hr/> Contributor address; City; State; Zip Code Nehalem, OR 97131-9858	Amount of Contribution (\$) \$50.00
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: 307/1229 Rpt: 310/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flemming, Marilyn <hr/> 6 Contributor address; City; State; Zip Code Nehalem, OR 97131-9858	7 Amount of Contribution (\$) \$90.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flesher, Paul M. <hr/> Contributor address; City; State; Zip Code Laramie, WY 82072-9555	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Wyoming
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flesher, Paul M. <hr/> Contributor address; City; State; Zip Code Laramie, WY 82072-9555	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Wyoming
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flesher, Paul M. <hr/> Contributor address; City; State; Zip Code Laramie, WY 82072-9555	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Wyoming
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flesher, Paul M. <hr/> Contributor address; City; State; Zip Code Laramie, WY 82072-9555	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Wyoming

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 308/1229 Rpt: 311/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flesher, Paul M.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Laramie, WY 82072-9555	
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of Wyoming
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flesher, Paul M.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Laramie, WY 82072-9555	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Wyoming
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fletcher, William	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Chapel Hill, NC 27517-3027	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fletcher, William	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Chapel Hill, NC 27517-3027	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fletcher, William	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Chapel Hill, NC 27517-3027	
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: 309/1229 Rpt: 312/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fletcher, William	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Chapel Hill, NC 27517-3027		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fletcher, William	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Chapel Hill, NC 27517-3027		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fletcher, William	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Chapel Hill, NC 27517-3027		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flink, Louis	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Fort Collins, CO 80525-3843		
Principal occupation / Job title (See Instructions) Data Analyst		Employer (See Instructions) State of Colorado
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flink, Louis	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Fort Collins, CO 80525-3843		
Principal occupation / Job title (See Instructions) Data Analyst		Employer (See Instructions) State of Colorado

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 310/1229 Rpt: 313/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flink, Louis <hr/> 6 Contributor address; City; State; Zip Code Fort Collins, CO 80525-3843	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Data Analyst		9 Employer (See Instructions) State of Colorado
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flink, Louis <hr/> Contributor address; City; State; Zip Code Fort Collins, CO 80525-3843	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Data Analyst		Employer (See Instructions) State of Colorado
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flink, Louis <hr/> Contributor address; City; State; Zip Code Fort Collins, CO 80525-3843	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Data Analyst		Employer (See Instructions) State of Colorado
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flink, Louis <hr/> Contributor address; City; State; Zip Code Fort Collins, CO 80525-3843	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Data Analyst		Employer (See Instructions) State of Colorado
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flitz, Karen <hr/> Contributor address; City; State; Zip Code Seattle, WA 98106-1548	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Occupational Therapist		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: 311/1229 Rpt: 314/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flitz, Karen <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98106-1548	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Occupational Therapist		9 Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flitz, Karen <hr/> Contributor address; City; State; Zip Code Seattle, WA 98106-1548	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flitz, Karen <hr/> Contributor address; City; State; Zip Code Seattle, WA 98106-1548	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flitz, Karen <hr/> Contributor address; City; State; Zip Code Seattle, WA 98106-1548	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Occupational Therapist		Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flitz, Karen <hr/> Contributor address; City; State; Zip Code Seattle, WA 98106-1548	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Occupational Therapist		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: 312/1229 Rpt: 315/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flynn, Gale <hr/> 6 Contributor address; City; State; Zip Code Honolulu, HI 96816-4910	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) Hookakoo Corporation
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flynn, Gale <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96816-4910	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Hookakoo Corporation
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flynn, Gale <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96816-4910	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Hookakoo Corporation
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flynn, Gale <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96816-4910	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Hookakoo Corporation
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flynn, Gale <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96816-4910	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Hookakoo Corporation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 313/1229 Rpt: 316/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flynn, Gale <hr/> 6 Contributor address; City; State; Zip Code Honolulu, HI 96816-4910	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) Hookakoo Corporation
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fogel, Donna <hr/> Contributor address; City; State; Zip Code New York, NY 10040-4037	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Freelance Editor		Employer (See Instructions) Area 23 HC
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fogel, Donna <hr/> Contributor address; City; State; Zip Code New York, NY 10040-4037	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Freelance Editor		Employer (See Instructions) Area 23 HC
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fogel, Donna <hr/> Contributor address; City; State; Zip Code New York, NY 10040-4037	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Freelance Editor		Employer (See Instructions) Area 23 HC
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fogel, Donna <hr/> Contributor address; City; State; Zip Code New York, NY 10040-4037	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Freelance Editor		Employer (See Instructions) Area 23 HC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 314/1229 Rpt: 317/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fogel, Donna <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10040-4037	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Freelance Editor		9 Employer (See Instructions) Area 23 HC
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fogel, Donna <hr/> Contributor address; City; State; Zip Code New York, NY 10040-4037	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Freelance Editor		Employer (See Instructions) Area 23 HC
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foldy, Leslie <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85259-3338	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Court Reporter		Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foldy, Leslie <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85259-3338	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Court Reporter		Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foldy, Leslie <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85259-3338	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Court 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: 315/1229 Rpt: 318/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foldy, Leslie <hr/> 6 Contributor address; City; State; Zip Code Scottsdale, AZ 85259-3338	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Court Reporter		9 Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foldy, Leslie <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85259-3338	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Court Reporter		Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foldy, Leslie <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85259-3338	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Court Reporter		Employer (See Instructions) Self Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Marsha <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30305-3714	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Marsha <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30305-3714	Amount of Contribution (\$) \$200.00
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: 316/1229 Rpt: 319/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Marsha <hr/> 6 Contributor address; City; State; Zip Code Atlanta, GA 30305-3714	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Marsha <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30305-3714	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Marsha <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30305-3714	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foss, David W <hr/> Contributor address; City; State; Zip Code Newport, RI 02840-2202	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Alley Katz Inc.
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foss, David W <hr/> Contributor address; City; State; Zip Code Newport, RI 02840-2202	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Alley Katz Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 317/1229 Rpt: 320/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foss, David W 6 Contributor address; City; State; Zip Code Newport, RI 02840-2202	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Chief Executive Officer		9 Employer (See Instructions) Alley Katz Inc.
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foss, David W Contributor address; City; State; Zip Code Newport, RI 02840-2202	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Alley Katz Inc.
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foss, David W Contributor address; City; State; Zip Code Newport, RI 02840-2202	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Alley Katz Inc.
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fouad, Karen Contributor address; City; State; Zip Code Farmington, UT 84025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Self-Employed		Employer (See Instructions) Self-Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowle, Robert Contributor address; City; State; Zip Code Temecula, CA 92592-1343	Amount of Contribution (\$) \$20.00
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: 318/1229 Rpt: 321/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowle, Robert <hr/> 6 Contributor address; City; State; Zip Code Temecula, CA 92592-1343	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowle, Robert <hr/> Contributor address; City; State; Zip Code Temecula, CA 92592-1343	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowle, Robert <hr/> Contributor address; City; State; Zip Code Temecula, CA 92592-1343	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowle, Robert <hr/> Contributor address; City; State; Zip Code Temecula, CA 92592-1343	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowle, Robert <hr/> Contributor address; City; State; Zip Code Temecula, CA 92592-1343	Amount of Contribution (\$) \$20.00
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: 319/1229 Rpt: 322/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Katia <hr/> 6 Contributor address; City; State; Zip Code Silver Spring, MD 20904-1609	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Administrative Assistant		9 Employer (See Instructions) University of Maryland College Park
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Katia <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20904-1609	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) University of Maryland College Park
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Katia <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20904-1609	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) University of Maryland College Park
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Katia <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20904-1609	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) University of Maryland College Park
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Katia <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20904-1609	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) University of Maryland College Park

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 320/1229 Rpt: 323/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Katia	7 Amount of Contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code Silver Spring, MD 20904-1609		
8 Principal occupation / Job title (See Instructions) Administrative Assistant		9 Employer (See Instructions) University of Maryland College Park
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Katia	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Silver Spring, MD 20904-1609		
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) University of Maryland College Park
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Katia	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Silver Spring, MD 20904-1609		
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) University of Maryland College Park
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Katia	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Silver Spring, MD 20904-1609		
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) University of Maryland College Park
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Katia	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Silver Spring, MD 20904-1609		
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) University of Maryland College Park

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 321/1229 Rpt: 324/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Debbie <hr/> 6 Contributor address; City; State; Zip Code Montclair, NJ 07042-3650	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) SA		9 Employer (See Instructions) Collibra
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Debbie <hr/> Contributor address; City; State; Zip Code Montclair, NJ 07042-3650	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) SA		Employer (See Instructions) Collibra
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Debbie <hr/> Contributor address; City; State; Zip Code Montclair, NJ 07042-3650	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) SA		Employer (See Instructions) Collibra
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Debbie <hr/> Contributor address; City; State; Zip Code Montclair, NJ 07042-3650	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) SA		Employer (See Instructions) Collibra
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Susan <hr/> Contributor address; City; State; Zip Code Hancock, NH 03449-0307	Amount of Contribution (\$) \$50.00
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: 322/1229 Rpt: 325/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Susan <hr/> 6 Contributor address; City; State; Zip Code Hancock, NH 03449-0307	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Francis, Susan <hr/> Contributor address; City; State; Zip Code Hancock, NH 03449-0307	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Mindy <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48103-3243	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Mindy <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48103-3243	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Self Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Mindy <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48103-3243	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Social Worker		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: 323/1229 Rpt: 326/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Mindy <hr/> 6 Contributor address; City; State; Zip Code Ann Arbor, MI 48103-3243	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Social Worker		9 Employer (See Instructions) Self Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Mindy <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48103-3243	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Self Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, Michael <hr/> Contributor address; City; State; Zip Code Rockville, MD 20850-6622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Government Relations		Employer (See Instructions) Pendulum Strategies LLC
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, Michael <hr/> Contributor address; City; State; Zip Code Rockville, MD 20850-6622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Government Relations		Employer (See Instructions) Pendulum Strategies LLC
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, Michael <hr/> Contributor address; City; State; Zip Code Rockville, MD 20850-6622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Government Relations		Employer (See Instructions) Pendulum Strategies LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 324/1229 Rpt: 327/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, Michael <hr/> 6 Contributor address; City; State; Zip Code Rockville, MD 20850-6622	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Government Relations		9 Employer (See Instructions) Pendulum Strategies LLC
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, Michael <hr/> Contributor address; City; State; Zip Code Rockville, MD 20850-6622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Government Relations		Employer (See Instructions) Pendulum Strategies LLC
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazier, Michael <hr/> Contributor address; City; State; Zip Code Rockville, MD 20850-6622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Government Relations		Employer (See Instructions) Pendulum Strategies LLC
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederickson, Jill <hr/> Contributor address; City; State; Zip Code Kenosha, WI 53143-5312	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Development Data Entry Technician		Employer (See Instructions) Brella Productions
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederickson, Jill <hr/> Contributor address; City; State; Zip Code Kenosha, WI 53143-5312	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Development Data Entry Technician		Employer (See Instructions) Brella Productions

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 325/1229 Rpt: 328/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederickson, Jill	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Kenosha, WI 53143-5312		
8 Principal occupation / Job title (See Instructions) Development Data Entry Technician		9 Employer (See Instructions) Brella Productions
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederickson, Jill	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Kenosha, WI 53143-5312		
Principal occupation / Job title (See Instructions) Development Data Entry Technician		Employer (See Instructions) Brella Productions
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederickson, Jill	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Kenosha, WI 53143-5312		
Principal occupation / Job title (See Instructions) Development Data Entry Technician		Employer (See Instructions) Brella Productions
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederickson, Jill	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Kenosha, WI 53143-5312		
Principal occupation / Job title (See Instructions) Development Data Entry Technician		Employer (See Instructions) Brella Productions
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freidenreich, Philip	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Yardley, PA 19067-1985		
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: 326/1229 Rpt: 329/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freitas, Susan <hr/> 6 Contributor address; City; State; Zip Code Pinole, CA 94564-2608	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freitas, Susan <hr/> Contributor address; City; State; Zip Code Pinole, CA 94564-2608	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freitas, Susan <hr/> Contributor address; City; State; Zip Code Pinole, CA 94564-2608	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freitas, Susan <hr/> Contributor address; City; State; Zip Code Pinole, CA 94564-2608	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freitas, Susan <hr/> Contributor address; City; State; Zip Code Pinole, CA 94564-2608	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: 327/1229 Rpt: 330/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey Law, Laura	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Iowa City, IA 52246-2417		
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) The University of Iowa
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey Law, Laura	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Iowa City, IA 52246-2417		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) The University of Iowa
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey Law, Laura	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Iowa City, IA 52246-2417		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) The University of Iowa
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey Law, Laura	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Iowa City, IA 52246-2417		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) The University of Iowa
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey Law, Laura	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Iowa City, IA 52246-2417		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) The University of Iowa

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 328/1229 Rpt: 331/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Charles <hr/> 6 Contributor address; City; State; Zip Code Phoenix, AZ 85016-2106	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Charles I Friedman PC
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fugate, Barbara <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20904-2907	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fugate, Barbara <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20904-2907	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fugate, Barbara <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20904-2907	Amount of Contribution (\$) \$70.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fugate, Barbara <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20904-2907	Amount of Contribution (\$) \$75.00
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: 329/1229 Rpt: 332/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuhrer, Gail <hr/> 6 Contributor address; City; State; Zip Code Montague, MA 01351-9506	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuhrer, Gail <hr/> Contributor address; City; State; Zip Code Montague, MA 01351-9506	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuhrer, Gail <hr/> Contributor address; City; State; Zip Code Montague, MA 01351-9506	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulp, Carol <hr/> Contributor address; City; State; Zip Code Boston, MA 02116-3043	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President and CEO		Employer (See Instructions) The Partnership Inc.
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulp, Carol <hr/> Contributor address; City; State; Zip Code Boston, MA 02116-3043	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President and CEO		Employer (See Instructions) The Partnership Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 330/1229 Rpt: 333/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulp, Carol	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Boston, MA 02116-3043		
8 Principal occupation / Job title (See Instructions) President and CEO		9 Employer (See Instructions) The Partnership Inc.
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulp, Carol	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Boston, MA 02116-3043		
Principal occupation / Job title (See Instructions) President and CEO		Employer (See Instructions) The Partnership Inc.
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulp, Carol	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Boston, MA 02116-3043		
Principal occupation / Job title (See Instructions) President and CEO		Employer (See Instructions) The Partnership Inc.
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulp, Carol	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Boston, MA 02116-3043		
Principal occupation / Job title (See Instructions) President and CEO		Employer (See Instructions) The Partnership Inc.
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Linda	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Charlottesville, VA 22911-4637		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Qixotic LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 331/1229 Rpt: 334/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Linda <hr/> 6 Contributor address; City; State; Zip Code Charlottesville, VA 22911-4637	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Qixotic LLC
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Linda <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22911-4637	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Qixotic LLC
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Linda <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22911-4637	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Qixotic LLC
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Linda <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22911-4637	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Qixotic LLC
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Linda <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22911-4637	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Qixotic LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 332/1229 Rpt: 335/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Linda <hr/> 6 Contributor address; City; State; Zip Code Charlottesville, VA 22911-4637	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Qixotic LLC
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Linda <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22911-4637	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Qixotic LLC
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Linda <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22911-4637	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Qixotic LLC
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Linda <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22911-4637	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Qixotic LLC
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Linda <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22911-4637	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Qixotic LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 333/1229 Rpt: 336/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Furlong, Linda <hr/> 6 Contributor address; City; State; Zip Code Charlottesville, VA 22911-4637	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Qixotic LLC
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabaldon, Alvaro <hr/> Contributor address; City; State; Zip Code Arlington, VA 22207-3618	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Management Consultant		Employer (See Instructions) Enovation Partners
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabaldon, Alvaro <hr/> Contributor address; City; State; Zip Code Arlington, VA 22207-3618	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Management Consultant		Employer (See Instructions) Enovation Partners
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabaldon, Alvaro <hr/> Contributor address; City; State; Zip Code Arlington, VA 22207-3618	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Management Consultant		Employer (See Instructions) Enovation Partners
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabaldon, Alvaro <hr/> Contributor address; City; State; Zip Code Arlington, VA 22207-3618	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Management Consultant		Employer (See Instructions) Enovation Partners

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 334/1229 Rpt: 337/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabaldon, Alvaro <hr/> 6 Contributor address; City; State; Zip Code Arlington, VA 22207-3618	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Management Consultant		9 Employer (See Instructions) Enovation Partners
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabaldon, Alvaro <hr/> Contributor address; City; State; Zip Code Arlington, VA 22207-3618	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Management Consultant		Employer (See Instructions) Enovation Partners
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabbard, James <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94131-2009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabel, Robert <hr/> Contributor address; City; State; Zip Code Troy, OH 45373-8200	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Invotec
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gale, Peter <hr/> Contributor address; City; State; Zip Code Red Bank, NJ 07701-2147	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Gales Lawn Service

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 335/1229 Rpt: 338/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gale, Peter <hr/> 6 Contributor address; City; State; Zip Code Red Bank, NJ 07701-2147	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Gales Lawn Service
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gale, Peter <hr/> Contributor address; City; State; Zip Code Red Bank, NJ 07701-2147	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Gales Lawn Service
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gale, Peter <hr/> Contributor address; City; State; Zip Code Red Bank, NJ 07701-2147	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Gales Lawn Service
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gale, Peter <hr/> Contributor address; City; State; Zip Code Red Bank, NJ 07701-2147	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Gales Lawn Service
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gale, Peter <hr/> Contributor address; City; State; Zip Code Red Bank, NJ 07701-2147	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Gales Lawn Service

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 336/1229 Rpt: 339/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garbagnati, Alea	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code San Jose, CA 95120-1012		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Roce
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garbagnati, Alea	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code San Jose, CA 95120-1012		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Roce
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garbagnati, Alea	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code San Jose, CA 95120-1012		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Roce
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garbagnati, Alea	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code San Jose, CA 95120-1012		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Roce
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garbagnati, Alea	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code San Jose, CA 95120-1012		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Roce

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 337/1229 Rpt: 340/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garbagnati, Alea <hr/> 6 Contributor address; City; State; Zip Code San Jose, CA 95120-1012	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Roce
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Gay <hr/> Contributor address; City; State; Zip Code Springfield, VA 22151-3524	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Gay <hr/> Contributor address; City; State; Zip Code Springfield, VA 22151-3524	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Gay <hr/> Contributor address; City; State; Zip Code Springfield, VA 22151-3524	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Gay <hr/> Contributor address; City; State; Zip Code Springfield, VA 22151-3524	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: 338/1229 Rpt: 341/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Gay <hr/> 6 Contributor address; City; State; Zip Code Springfield, VA 22151-3524	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gardner, Gay <hr/> Contributor address; City; State; Zip Code Springfield, VA 22151-3524	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, W.R. <hr/> Contributor address; City; State; Zip Code Oak Ridge, TN 37830-8319	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, W.R. <hr/> Contributor address; City; State; Zip Code Oak Ridge, TN 37830-8319	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, W.R. <hr/> Contributor address; City; State; Zip Code Oak Ridge, TN 37830-8319	Amount of Contribution (\$) \$100.00
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: 339/1229 Rpt: 342/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, W.R. <hr/> 6 Contributor address; City; State; Zip Code Oak Ridge, TN 37830-8319	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrity, Kevin <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90027-3528	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Salesman		Employer (See Instructions) Hip Hop Hollywood Tours
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrity, Kevin <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90027-3528	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Salesman		Employer (See Instructions) Hip Hop Hollywood Tours
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrity, Kevin <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90027-3528	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Salesman		Employer (See Instructions) Hip Hop Hollywood Tours
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrity, Kevin <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90027-3528	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Salesman		Employer (See Instructions) Hip Hop Hollywood Tours

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 340/1229 Rpt: 343/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrity, Kevin <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90027-3528	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Salesman		9 Employer (See Instructions) Hip Hop Hollywood Tours
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrity, Kevin <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90027-3528	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Salesman		Employer (See Instructions) Hip Hop Hollywood Tours
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gast, David <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94131-2735	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Gast Architects
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gauthier, Lynn <hr/> Contributor address; City; State; Zip Code Hamden, CT 06517-1902	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gayle, Charles <hr/> Contributor address; City; State; Zip Code Laurel, MD 20707-6328	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Consumer Financial Protection Bureau

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 341/1229 Rpt: 344/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gayle, Charles <hr/> 6 Contributor address; City; State; Zip Code Laurel, MD 20707-6328	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Consumer Financial Protection Bureau
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gayle, Charles <hr/> Contributor address; City; State; Zip Code Laurel, MD 20707-6328	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Consumer Financial Protection Bureau
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gayle, Charles <hr/> Contributor address; City; State; Zip Code Laurel, MD 20707-6328	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Consumer Financial Protection Bureau
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gayle, Charles <hr/> Contributor address; City; State; Zip Code Laurel, MD 20707-6328	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Consumer Financial Protection Bureau
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gayle, Charles <hr/> Contributor address; City; State; Zip Code Laurel, MD 20707-6328	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Consumer Financial Protection Bureau

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 342/1229 Rpt: 345/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gdisis, Deborah <hr/> 6 Contributor address; City; State; Zip Code Wichita, KS 67212-5473	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Financial Advisor		9 Employer (See Instructions) Ameriprise Financial
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gehman, Grace <hr/> Contributor address; City; State; Zip Code West Hollywood, CA 90069-3502	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Interior Designer		Employer (See Instructions) Self-Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gelb, Susan <hr/> Contributor address; City; State; Zip Code West Hills, CA 91304-1361	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gelbspan, Ross <hr/> Contributor address; City; State; Zip Code Jamaica Plain, MA 02130-4900	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gelbspan, Ross <hr/> Contributor address; City; State; Zip Code Jamaica Plain, MA 02130-4900	Amount of Contribution (\$) \$150.00
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: 343/1229 Rpt: 346/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gelgisser, Jeffrey <hr/> 6 Contributor address; City; State; Zip Code Lake Forest Park, WA 98155-5421	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Kaiser Permanente
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gelgisser, Jeffrey <hr/> Contributor address; City; State; Zip Code Lake Forest Park, WA 98155-5421	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Kaiser Permanente
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gellman, Robert <hr/> Contributor address; City; State; Zip Code Washington, DC 20003-2052	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Privacy and Information Policy Consultant		Employer (See Instructions) Self Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gellman, Robert <hr/> Contributor address; City; State; Zip Code Washington, DC 20003-2052	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Privacy and Information Policy Consultant		Employer (See Instructions) Self Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gensler, Edward <hr/> Contributor address; City; State; Zip Code Coos Bay, OR 97420-7640	Amount of Contribution (\$) \$10.00
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: 344/1229 Rpt: 347/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gensler, Edward <hr/> 6 Contributor address; City; State; Zip Code Coos Bay, OR 97420-7640	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gensler, Edward <hr/> Contributor address; City; State; Zip Code Coos Bay, OR 97420-7640	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gensler, Edward <hr/> Contributor address; City; State; Zip Code Coos Bay, OR 97420-7640	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gensler, Edward <hr/> Contributor address; City; State; Zip Code Coos Bay, OR 97420-7640	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gensler, Edward <hr/> Contributor address; City; State; Zip Code Coos Bay, OR 97420-7640	Amount of Contribution (\$) \$5.00
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: 345/1229 Rpt: 348/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gensler, Edward <hr/> 6 Contributor address; City; State; Zip Code Coos Bay, OR 97420-7640	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gensler, Edward <hr/> Contributor address; City; State; Zip Code Coos Bay, OR 97420-7640	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gensler, Edward <hr/> Contributor address; City; State; Zip Code Coos Bay, OR 97420-7640	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gensler, Edward <hr/> Contributor address; City; State; Zip Code Coos Bay, OR 97420-7640	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gensler, Edward <hr/> Contributor address; City; State; Zip Code Coos Bay, OR 97420-7640	Amount of Contribution (\$) \$10.00
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: 346/1229 Rpt: 349/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gensler, Edward	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Coos Bay, OR 97420-7640		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gensler, Edward	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Coos Bay, OR 97420-7640		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Richard	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Venice, CA 90291-2958		
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) Golin
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Richard	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Venice, CA 90291-2958		
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) Golin
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Richard	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Venice, CA 90291-2958		
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) Golin

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 347/1229 Rpt: 350/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Richard <hr/> 6 Contributor address; City; State; Zip Code Venice, CA 90291-2958	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Public Relations		9 Employer (See Instructions) Golin
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Richard <hr/> Contributor address; City; State; Zip Code Venice, CA 90291-2958	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) Golin
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Richard <hr/> Contributor address; City; State; Zip Code Venice, CA 90291-2958	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Public Relations		Employer (See Instructions) Golin
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerken, Milded <hr/> Contributor address; City; State; Zip Code Spokane Valley, WA 99216-5097	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gianesin, Maurice <hr/> Contributor address; City; State; Zip Code Rockford, IL 61103-6947	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: 348/1229 Rpt: 351/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gianesin, Maurice <hr/> 6 Contributor address; City; State; Zip Code Rockford, IL 61103-6947	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gianesin, Maurice <hr/> Contributor address; City; State; Zip Code Rockford, IL 61103-6947	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gianesin, Maurice <hr/> Contributor address; City; State; Zip Code Rockford, IL 61103-6947	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gianesin, Maurice <hr/> Contributor address; City; State; Zip Code Rockford, IL 61103-6947	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gianesin, Maurice <hr/> Contributor address; City; State; Zip Code Rockford, IL 61103-6947	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: 349/1229 Rpt: 352/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbel, A. M.	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Brooklyn, NY 11217-3303		
8 Principal occupation / Job title (See Instructions) Chief Development Officer		9 Employer (See Instructions) New School
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbel, A. M.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brooklyn, NY 11217-3303		
Principal occupation / Job title (See Instructions) Chief Development Officer		Employer (See Instructions) New School
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbel, A. M.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brooklyn, NY 11217-3303		
Principal occupation / Job title (See Instructions) Chief Development Officer		Employer (See Instructions) New School
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbel, A. M.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brooklyn, NY 11217-3303		
Principal occupation / Job title (See Instructions) Chief Development Officer		Employer (See Instructions) New School
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbel, A. M.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brooklyn, NY 11217-3303		
Principal occupation / Job title (See Instructions) Chief Development Officer		Employer (See Instructions) New School

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 350/1229 Rpt: 353/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibbel, A. M. <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11217-3303	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Chief Development Officer		9 Employer (See Instructions) New School
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	Amount of Contribution (\$) \$20.00
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: 351/1229 Rpt: 354/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> 6 Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	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: 352/1229 Rpt: 355/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> 6 Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Dean <hr/> Contributor address; City; State; Zip Code Carmel, CA 93923-9638	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Business Coach		Employer (See Instructions) Victorious
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613-1939	Amount of Contribution (\$) \$5.00
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: 353/1229 Rpt: 356/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60613-1939	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613-1939	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613-1939	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613-1939	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613-1939	Amount of Contribution (\$) \$10.00
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: 354/1229 Rpt: 357/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Chicago, IL 60613-1939		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Chicago, IL 60613-1939		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Chicago, IL 60613-1939		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Chicago, IL 60613-1939		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Chicago, IL 60613-1939		
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: 355/1229 Rpt: 358/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60613-1939	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613-1939	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613-1939	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613-1939	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60613-1939	Amount of Contribution (\$) \$10.00
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: 356/1229 Rpt: 359/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Chicago, IL 60613-1939		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilbert, Virginia	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Chicago, IL 60613-1939		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilchrist, Susan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Swansea, IL 62226-1184		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilman, Robert	Amount of Contribution (\$) \$16.00
Contributor address; City; State; Zip Code Albuquerque, NM 87106-3309		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilman, Robert	Amount of Contribution (\$) \$16.00
Contributor address; City; State; Zip Code Albuquerque, NM 87106-3309		
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: 357/1229 Rpt: 360/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilman, Robert <hr/> 6 Contributor address; City; State; Zip Code Albuquerque, NM 87106-3309	7 Amount of Contribution (\$) \$16.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilman, Robert <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87106-3309	Amount of Contribution (\$) \$16.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilman, Robert <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87106-3309	Amount of Contribution (\$) \$16.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilman, Robert <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87106-3309	Amount of Contribution (\$) \$16.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilman, Robert <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87106-3309	Amount of Contribution (\$) \$16.00
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: 358/1229 Rpt: 361/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilmore, David <hr/> 6 Contributor address; City; State; Zip Code Dedham, MA 02026-4340	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilmore, David <hr/> Contributor address; City; State; Zip Code Dedham, MA 02026-4340	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilmore, David <hr/> Contributor address; City; State; Zip Code Dedham, MA 02026-4340	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilmore, David <hr/> Contributor address; City; State; Zip Code Dedham, MA 02026-4340	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gilmore, David <hr/> Contributor address; City; State; Zip Code Dedham, MA 02026-4340	Amount of Contribution (\$) \$50.00
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: 359/1229 Rpt: 362/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gimelli, Noa	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Washington, DC 20009-1005		
8 Principal occupation / Job title (See Instructions) Gender Specialist		9 Employer (See Instructions) World Bank
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gimelli, Noa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Washington, DC 20009-1005		
Principal occupation / Job title (See Instructions) Gender Specialist		Employer (See Instructions) World Bank
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gimelli, Noa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Washington, DC 20009-1005		
Principal occupation / Job title (See Instructions) Gender Specialist		Employer (See Instructions) World Bank
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gimelli, Noa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Washington, DC 20009-1005		
Principal occupation / Job title (See Instructions) Gender Specialist		Employer (See Instructions) World Bank
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gimelli, Noa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Washington, DC 20009-1005		
Principal occupation / Job title (See Instructions) Gender Specialist		Employer (See Instructions) World Bank

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 360/1229 Rpt: 363/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gimelli, Noa <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20009-1005	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Gender Specialist		9 Employer (See Instructions) World Bank
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giorgio, Karen <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478-1516	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giorgio, Karen <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478-1516	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giorgio, Karen <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478-1516	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giorgio, Karen <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478-1516	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Business Owner		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: 361/1229 Rpt: 364/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giorgio, Karen <hr/> 6 Contributor address; City; State; Zip Code Belmont, MA 02478-1516	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giorgio, Karen <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478-1516	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glass, Andrew <hr/> Contributor address; City; State; Zip Code Des Moines, IA 50321-1913	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Cummins
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glass, Sharon <hr/> Contributor address; City; State; Zip Code Leawood, KS 66209-1200	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Saint Lukes Hospital of Kansas City
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glass, Sharon <hr/> Contributor address; City; State; Zip Code Leawood, KS 66209-1200	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Saint Lukes Hospital of Kansas City

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 362/1229 Rpt: 365/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glass, Sharon <hr/> 6 Contributor address; City; State; Zip Code Leawood, KS 66209-1200	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Saint Lukes Hospital of Kansas City
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glass, Sharon <hr/> Contributor address; City; State; Zip Code Leawood, KS 66209-1200	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Saint Lukes Hospital of Kansas City
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glass, Sharon <hr/> Contributor address; City; State; Zip Code Leawood, KS 66209-1200	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Saint Lukes Hospital of Kansas City
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glass, Sharon <hr/> Contributor address; City; State; Zip Code Leawood, KS 66209-1200	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Saint Lukes Hospital of Kansas City
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glass, Sharon <hr/> Contributor address; City; State; Zip Code Leawood, KS 66209-1200	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Saint Lukes Hospital of Kansas City

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 363/1229 Rpt: 366/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glass, Sharon <hr/> 6 Contributor address; City; State; Zip Code Leawood, KS 66209-1200	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Saint Lukes Hospital of Kansas City
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glass, Sharon <hr/> Contributor address; City; State; Zip Code Leawood, KS 66209-1200	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Saint Lukes Hospital of Kansas City
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gluckman, Casey <hr/> Contributor address; City; State; Zip Code Port Townsend, WA 98368-7705	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gluckman, Casey <hr/> Contributor address; City; State; Zip Code Port Townsend, WA 98368-7705	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gluckman, Casey <hr/> Contributor address; City; State; Zip Code Port Townsend, WA 98368-7705	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: 364/1229 Rpt: 367/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gluckman, Casey <hr/> 6 Contributor address; City; State; Zip Code Port Townsend, WA 98368-7705	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gluckman, Casey <hr/> Contributor address; City; State; Zip Code Port Townsend, WA 98368-7705	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gluckman, Casey <hr/> Contributor address; City; State; Zip Code Port Townsend, WA 98368-7705	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gluckman, Casey <hr/> Contributor address; City; State; Zip Code Port Townsend, WA 98368-7705	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gluckman, Casey <hr/> Contributor address; City; State; Zip Code Port Townsend, WA 98368-7705	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: 365/1229 Rpt: 368/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gluckman, Casey	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Port Townsend, WA 98368-7705		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gluckman, Casey	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Port Townsend, WA 98368-7705		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goans, Judy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Clinton, TN 37716-4029		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Nathan Associates Inc.
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goans, Judy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Clinton, TN 37716-4029		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Nathan Associates Inc.
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goans, Judy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Clinton, TN 37716-4029		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Nathan Associates Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 366/1229 Rpt: 369/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goans, Judy <hr/> 6 Contributor address; City; State; Zip Code Clinton, TN 37716-4029	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Nathan Associates Inc.
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goans, Judy <hr/> Contributor address; City; State; Zip Code Clinton, TN 37716-4029	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Nathan Associates Inc.
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goans, Judy <hr/> Contributor address; City; State; Zip Code Clinton, TN 37716-4029	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Nathan Associates Inc.
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godes, Janice <hr/> Contributor address; City; State; Zip Code Saint Paul, MN 55105-1215	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godes, Janice <hr/> Contributor address; City; State; Zip Code Saint Paul, MN 55105-1215	Amount of Contribution (\$) \$50.00
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: 367/1229 Rpt: 370/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godes, Janice <hr/> 6 Contributor address; City; State; Zip Code Saint Paul, MN 55105-1215	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godes, Janice <hr/> Contributor address; City; State; Zip Code Saint Paul, MN 55105-1215	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godes, Janice <hr/> Contributor address; City; State; Zip Code Saint Paul, MN 55105-1215	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Godes, Janice <hr/> Contributor address; City; State; Zip Code Saint Paul, MN 55105-1215	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goettsche, Mike <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46268-2721	Amount of Contribution (\$) \$20.00
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: 368/1229 Rpt: 371/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goettsche, Mike	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Indianapolis, IN 46268-2721		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goettsche, Mike	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Indianapolis, IN 46268-2721		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goettsche, Mike	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Indianapolis, IN 46268-2721		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goettsche, Mike	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Indianapolis, IN 46268-2721		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goettsche, Mike	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Indianapolis, IN 46268-2721		
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: 369/1229 Rpt: 372/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Margaret	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Ballwin, MO 63011-1573		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Margaret	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Ballwin, MO 63011-1573		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Margaret	Amount of Contribution (\$) \$19.00
Contributor address; City; State; Zip Code Ballwin, MO 63011-1573		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Margaret	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Ballwin, MO 63011-1573		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Golden, Margaret	Amount of Contribution (\$) \$19.00
Contributor address; City; State; Zip Code Ballwin, MO 63011-1573		
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: 370/1229 Rpt: 373/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Adam <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90026-2539	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Creative Director		9 Employer (See Instructions) Self Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Adam <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90026-2539	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Creative Director		Employer (See Instructions) Self Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Adam <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90026-2539	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Creative Director		Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Adam <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90026-2539	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Creative Director		Employer (See Instructions) Self Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Adam <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90026-2539	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Creative Director		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: 371/1229 Rpt: 374/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Adam <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90026-2539	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Creative Director		9 Employer (See Instructions) Self Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Alvin <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-1522	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Alvin <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-1522	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Alvin <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-1522	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Alvin <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-1522	Amount of Contribution (\$) \$40.00
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: 372/1229 Rpt: 375/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	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 94707-1522	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Alvin <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-1522	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldner, Deborah <hr/> Contributor address; City; State; Zip Code Washington, DC 20008-2112	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldner, Deborah <hr/> Contributor address; City; State; Zip Code Washington, DC 20008-2112	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldner, Deborah <hr/> Contributor address; City; State; Zip Code Washington, DC 20008-2112	Amount of Contribution (\$) \$20.00
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: 373/1229 Rpt: 376/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldner, Deborah <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20008-2112	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldner, Deborah <hr/> Contributor address; City; State; Zip Code Washington, DC 20008-2112	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldner, Deborah <hr/> Contributor address; City; State; Zip Code Washington, DC 20008-2112	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, David <hr/> Contributor address; City; State; Zip Code Harmony, RI 02829-0001	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, David <hr/> Contributor address; City; State; Zip Code Harmony, RI 02829-0001	Amount of Contribution (\$) \$10.00
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: 374/1229 Rpt: 377/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, David <hr/> 6 Contributor address; City; State; Zip Code Harmony, RI 02829-0001	7 Amount of Contribution (\$) \$6.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, David <hr/> Contributor address; City; State; Zip Code Harmony, RI 02829-0001	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, David <hr/> Contributor address; City; State; Zip Code Harmony, RI 02829-0001	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, David <hr/> Contributor address; City; State; Zip Code Harmony, RI 02829-0001	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, David <hr/> Contributor address; City; State; Zip Code Harmony, RI 02829-0001	Amount of Contribution (\$) \$6.00
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: 375/1229 Rpt: 378/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, David <hr/> 6 Contributor address; City; State; Zip Code Harmony, RI 02829-0001	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, David <hr/> Contributor address; City; State; Zip Code Harmony, RI 02829-0001	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, David <hr/> Contributor address; City; State; Zip Code Harmony, RI 02829-0001	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, David <hr/> Contributor address; City; State; Zip Code Harmony, RI 02829-0001	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, David <hr/> Contributor address; City; State; Zip Code Harmony, RI 02829-0001	Amount of Contribution (\$) \$10.00
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: 376/1229 Rpt: 379/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, Richard <hr/> 6 Contributor address; City; State; Zip Code Biddeford Pool, ME 04006-0286	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, Richard <hr/> Contributor address; City; State; Zip Code Biddeford Pool, ME 04006-0286	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, Richard <hr/> Contributor address; City; State; Zip Code Biddeford Pool, ME 04006-0286	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, Richard <hr/> Contributor address; City; State; Zip Code Biddeford Pool, ME 04006-0286	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, Richard <hr/> Contributor address; City; State; Zip Code Biddeford Pool, ME 04006-0286	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: 377/1229 Rpt: 380/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldsmith, Richard <hr/> 6 Contributor address; City; State; Zip Code Biddeford Pool, ME 04006-0286	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Gail <hr/> Contributor address; City; State; Zip Code Evanston, IL 60201-4729	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Gail <hr/> Contributor address; City; State; Zip Code Evanston, IL 60201-4729	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Gail <hr/> Contributor address; City; State; Zip Code Evanston, IL 60201-4729	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Gail <hr/> Contributor address; City; State; Zip Code Evanston, IL 60201-4729	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: 378/1229 Rpt: 381/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Gail <hr/> 6 Contributor address; City; State; Zip Code Evanston, IL 60201-4729	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Judith <hr/> Contributor address; City; State; Zip Code Hudson, NY 12534-4031	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Judith <hr/> Contributor address; City; State; Zip Code Hudson, NY 12534-4031	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Judith <hr/> Contributor address; City; State; Zip Code Hudson, NY 12534-4031	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Judith <hr/> Contributor address; City; State; Zip Code Hudson, NY 12534-4031	Amount of Contribution (\$) \$10.00
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: 379/1229 Rpt: 382/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Judith <hr/> 6 Contributor address; City; State; Zip Code Hudson, NY 12534-4031	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Judith <hr/> Contributor address; City; State; Zip Code Hudson, NY 12534-4031	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Judith <hr/> Contributor address; City; State; Zip Code Hudson, NY 12534-4031	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Judith <hr/> Contributor address; City; State; Zip Code Hudson, NY 12534-4031	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Judith <hr/> Contributor address; City; State; Zip Code Hudson, NY 12534-4031	Amount of Contribution (\$) \$10.00
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: 380/1229 Rpt: 383/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Ryan <hr/> 6 Contributor address; City; State; Zip Code Reseda, CA 91335-6114	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Beachbody LLC
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Ryan <hr/> Contributor address; City; State; Zip Code Reseda, CA 91335-6114	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Beachbody LLC
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Ryan <hr/> Contributor address; City; State; Zip Code Reseda, CA 91335-6114	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Beachbody LLC
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Ryan <hr/> Contributor address; City; State; Zip Code Reseda, CA 91335-6114	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Beachbody LLC
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Ryan <hr/> Contributor address; City; State; Zip Code Reseda, CA 91335-6114	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Beachbody LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 381/1229 Rpt: 384/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldstein, Ryan <hr/> 6 Contributor address; City; State; Zip Code Reseda, CA 91335-6114	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Beachbody LLC
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldwater, Ahava <hr/> Contributor address; City; State; Zip Code Seattle, WA 98118-3445	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Derech Emunah
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldwater, Ahava <hr/> Contributor address; City; State; Zip Code Seattle, WA 98118-3445	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Derech Emunah
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldwater, Ahava <hr/> Contributor address; City; State; Zip Code Seattle, WA 98118-3445	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Derech Emunah
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldwater, Ahava <hr/> Contributor address; City; State; Zip Code Seattle, WA 98118-3445	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Derech Emunah

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 382/1229 Rpt: 385/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldwater, Ahava <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98118-3445	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Derech Emunah
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldwater, Ahava <hr/> Contributor address; City; State; Zip Code Seattle, WA 98118-3445	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Derech Emunah
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldy, Jill <hr/> Contributor address; City; State; Zip Code Wilmette, IL 60091-1544	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Feis Goldy LLC
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldy, Jill <hr/> Contributor address; City; State; Zip Code Wilmette, IL 60091-1544	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Feis Goldy LLC
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldy, Jill <hr/> Contributor address; City; State; Zip Code Wilmette, IL 60091-1544	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Feis Goldy LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 383/1229 Rpt: 386/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldy, Jill <hr/> 6 Contributor address; City; State; Zip Code Wilmette, IL 60091-1544	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Feis Goldy LLC
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldy, Jill <hr/> Contributor address; City; State; Zip Code Wilmette, IL 60091-1544	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Feis Goldy LLC
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldy, Jill <hr/> Contributor address; City; State; Zip Code Wilmette, IL 60091-1544	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Feis Goldy LLC
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Sebastian A. <hr/> Contributor address; City; State; Zip Code Venice, CA 90291-2790	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Google LLC
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Sebastian A. <hr/> Contributor address; City; State; Zip Code Venice, CA 90291-2790	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Google LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 384/1229 Rpt: 387/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Sebastian A.	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Venice, CA 90291-2790		
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Google LLC
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Sebastian A.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Venice, CA 90291-2790		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Google LLC
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Sebastian A.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Venice, CA 90291-2790		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Google LLC
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Sebastian A.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Venice, CA 90291-2790		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Google LLC
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodwin, Monika	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Phoenix, AZ 85032-4506		
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) G R C A

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 385/1229 Rpt: 388/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Carl	7 Amount of Contribution (\$) \$10,000.00
6 Contributor address; City; State; Zip Code Houston, TX 77054-1003		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Gordon Law Firm
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Joan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Chestnut Hill, MA 02467-1528		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Susan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Frisco, TX 75034-1185		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, William	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Los Altos, CA 94024-3160		
Principal occupation / Job title (See Instructions) Neuroscience Educator		Employer (See Instructions) IBP
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, William	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Los Altos, CA 94024-3160		
Principal occupation / Job title (See Instructions) Neuroscience Educator		Employer (See Instructions) IBP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 386/1229 Rpt: 389/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, William	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Los Altos, CA 94024-3160		
8 Principal occupation / Job title (See Instructions) Neuroscience Educator		9 Employer (See Instructions) IBP
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, William	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Los Altos, CA 94024-3160		
Principal occupation / Job title (See Instructions) Neuroscience Educator		Employer (See Instructions) IBP
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, William	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Los Altos, CA 94024-3160		
Principal occupation / Job title (See Instructions) Neuroscience Educator		Employer (See Instructions) IBP
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, William	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Los Altos, CA 94024-3160		
Principal occupation / Job title (See Instructions) Neuroscience Educator		Employer (See Instructions) IBP
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goring, Catherine	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Fontana, CA 92336-0232		
Principal occupation / Job title (See Instructions) Scheduler		Employer (See Instructions) KB Home

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 387/1229 Rpt: 390/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goring, Catherine	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Fontana, CA 92336-0232		
8 Principal occupation / Job title (See Instructions) Scheduler		9 Employer (See Instructions) KB Home
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goring, Catherine	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Fontana, CA 92336-0232		
Principal occupation / Job title (See Instructions) Scheduler		Employer (See Instructions) KB Home
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goring, Catherine	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Fontana, CA 92336-0232		
Principal occupation / Job title (See Instructions) Scheduler		Employer (See Instructions) KB Home
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goring, Catherine	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Fontana, CA 92336-0232		
Principal occupation / Job title (See Instructions) Scheduler		Employer (See Instructions) KB Home
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goring, Catherine	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Fontana, CA 92336-0232		
Principal occupation / Job title (See Instructions) Scheduler		Employer (See Instructions) KB Home

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 388/1229 Rpt: 391/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gourley, Patricia <hr/> 6 Contributor address; City; State; Zip Code Bristol, PA 19007-3843	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gourley, Patricia <hr/> Contributor address; City; State; Zip Code Bristol, PA 19007-3843	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gourley, Patricia <hr/> Contributor address; City; State; Zip Code Bristol, PA 19007-3843	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gourley, Patricia <hr/> Contributor address; City; State; Zip Code Bristol, PA 19007-3843	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gourley, Patricia <hr/> Contributor address; City; State; Zip Code Bristol, PA 19007-3843	Amount of Contribution (\$) \$20.00
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: 389/1229 Rpt: 392/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gourley, Patricia <hr/> 6 Contributor address; City; State; Zip Code Bristol, PA 19007-3843	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gouvea, Andre <hr/> Contributor address; City; State; Zip Code New York, NY 10013-1483	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gouvea, Andre <hr/> Contributor address; City; State; Zip Code New York, NY 10013-1483	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gouvea, Andre <hr/> Contributor address; City; State; Zip Code New York, NY 10013-1483	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gouvea, Andre <hr/> Contributor address; City; State; Zip Code New York, NY 10013-1483	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: 390/1229 Rpt: 393/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gouvea, Andre <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10013-1483	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gouvea, Andre <hr/> Contributor address; City; State; Zip Code New York, NY 10013-1483	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Governanti, Karen <hr/> Contributor address; City; State; Zip Code Ithaca, NY 14850-9267	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grable, Lindsay <hr/> Contributor address; City; State; Zip Code New Cumberland, PA 17070-2880	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grable, Lindsay <hr/> Contributor address; City; State; Zip Code New Cumberland, PA 17070-2880	Amount of Contribution (\$) \$20.00
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: 391/1229 Rpt: 394/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grable, Lindsay <hr/> 6 Contributor address; City; State; Zip Code New Cumberland, PA 17070-2880	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grable, Lindsay <hr/> Contributor address; City; State; Zip Code New Cumberland, PA 17070-2880	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grable, Lindsay <hr/> Contributor address; City; State; Zip Code New Cumberland, PA 17070-2880	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grady, James <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94024-4130	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Cellebrite
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grady, James <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94024-4130	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Cellebrite

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 392/1229 Rpt: 395/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grady, James <hr/> 6 Contributor address; City; State; Zip Code Los Altos, CA 94024-4130	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Celebrite
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grady, James <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94024-4130	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Celebrite
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grady, James <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94024-4130	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Celebrite
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grady, James <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94024-4130	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Celebrite
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Samuel <hr/> Contributor address; City; State; Zip Code Windermere, FL 34786-1301	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Greenpath Energy Solutions

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 393/1229 Rpt: 396/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Ramona	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Pflugerville, TX 78660-5843		
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) Pflugerville Independent School District
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Ramona	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Pflugerville, TX 78660-5843		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Pflugerville Independent School District
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Ramona	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Pflugerville, TX 78660-5843		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Pflugerville Independent School District
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Ramona	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Pflugerville, TX 78660-5843		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Pflugerville Independent School District
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Ramona	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Pflugerville, TX 78660-5843		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Pflugerville Independent School District

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 394/1229 Rpt: 397/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Ramona <hr/> 6 Contributor address; City; State; Zip Code Pflugerville, TX 78660-5843	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) Pflugerville Independent School District
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Ramona <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660-5843	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Pflugerville Independent School District
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Ramona <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660-5843	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Pflugerville Independent School District
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Ramona <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660-5843	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Pflugerville Independent School District
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Ramona <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660-5843	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Pflugerville Independent School District

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 395/1229 Rpt: 398/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Ramona	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Pflugerville, TX 78660-5843		
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) Pflugerville Independent School District
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Ramona	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Pflugerville, TX 78660-5843		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Pflugerville Independent School District
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Ramona	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Pflugerville, TX 78660-5843		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Pflugerville Independent School District
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Ramona	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Pflugerville, TX 78660-5843		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Pflugerville Independent School District
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Ramona	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Pflugerville, TX 78660-5843		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Pflugerville Independent School District

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 396/1229 Rpt: 399/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Ramona <hr/> 6 Contributor address; City; State; Zip Code Pflugerville, TX 78660-5843	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) Pflugerville Independent School District
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Ramona <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660-5843	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Pflugerville Independent School District
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray-Lewis, Shirley <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94086-2406	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, David <hr/> Contributor address; City; State; Zip Code Orange, NJ 07051-0628	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Government Employee		Employer (See Instructions) State of New Jersey
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenfield, Steven <hr/> Contributor address; City; State; Zip Code Baldwin, NY 11510-3215	Amount of Contribution (\$) \$50.00
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: 397/1229 Rpt: 400/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenfield, Steven <hr/> 6 Contributor address; City; State; Zip Code Baldwin, NY 11510-3215	7 Amount of Contribution (\$) \$38.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenfield, Steven <hr/> Contributor address; City; State; Zip Code Baldwin, NY 11510-3215	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenhut, Christopher <hr/> Contributor address; City; State; Zip Code Colorado Springs, CO 80918-3121	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwell, Eric <hr/> Contributor address; City; State; Zip Code Richland, WA 99352-4142	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greytak, Thomas <hr/> Contributor address; City; State; Zip Code Chestnut Hill, MA 02467-1302	Amount of Contribution (\$) \$300.00
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: 398/1229 Rpt: 401/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Anthony 6 Contributor address; City; State; Zip Code Yeadon, PA 19050-3510	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Jacquelyn Contributor address; City; State; Zip Code Santa Cruz, CA 95060-3125	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Jacquelyn Contributor address; City; State; Zip Code Santa Cruz, CA 95060-3125	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Steve Contributor address; City; State; Zip Code Forestville, CA 95436-9101	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Steve Contributor address; City; State; Zip Code Forestville, CA 95436-9101	Amount of Contribution (\$) \$15.00
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: 399/1229 Rpt: 402/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Steve <hr/> 6 Contributor address; City; State; Zip Code Forestville, CA 95436-9101	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Steve <hr/> Contributor address; City; State; Zip Code Forestville, CA 95436-9101	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Steve <hr/> Contributor address; City; State; Zip Code Forestville, CA 95436-9101	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Steve <hr/> Contributor address; City; State; Zip Code Forestville, CA 95436-9101	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Steve <hr/> Contributor address; City; State; Zip Code Forestville, CA 95436-9101	Amount of Contribution (\$) \$20.00
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: 400/1229 Rpt: 403/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Steve <hr/> 6 Contributor address; City; State; Zip Code Forestville, CA 95436-9101	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Steve <hr/> Contributor address; City; State; Zip Code Forestville, CA 95436-9101	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Steve <hr/> Contributor address; City; State; Zip Code Forestville, CA 95436-9101	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Steve <hr/> Contributor address; City; State; Zip Code Forestville, CA 95436-9101	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Steve <hr/> Contributor address; City; State; Zip Code Forestville, CA 95436-9101	Amount of Contribution (\$) \$15.00
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: 401/1229 Rpt: 404/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grillot, Gigi <hr/> 6 Contributor address; City; State; Zip Code Mount Laurel, NJ 08054-5615	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Account Executive		9 Employer (See Instructions) Great Valley Publishing
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grillot, Gigi <hr/> Contributor address; City; State; Zip Code Mount Laurel, NJ 08054-5615	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Great Valley Publishing
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grillot, Gigi <hr/> Contributor address; City; State; Zip Code Mount Laurel, NJ 08054-5615	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Great Valley Publishing
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grillot, Gigi <hr/> Contributor address; City; State; Zip Code Mount Laurel, NJ 08054-5615	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Great Valley Publishing
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grillot, Gigi <hr/> Contributor address; City; State; Zip Code Mount Laurel, NJ 08054-5615	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Account Executive		Employer (See Instructions) Great Valley Publishing

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 402/1229 Rpt: 405/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grillot, Gigi <hr/> 6 Contributor address; City; State; Zip Code Mount Laurel, NJ 08054-5615	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Account Executive		9 Employer (See Instructions) Great Valley Publishing
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groff, Michael <hr/> Contributor address; City; State; Zip Code Belgrade, MT 59714-8669	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions) Self Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grossman, Peter <hr/> Contributor address; City; State; Zip Code Delray Beach, FL 33483-6829	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grossman, Peter <hr/> Contributor address; City; State; Zip Code Delray Beach, FL 33483-6829	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groundwater, Beth <hr/> Contributor address; City; State; Zip Code Breckenridge, CO 80424-6430	Amount of Contribution (\$) \$250.00
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: 403/1229 Rpt: 406/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groundwater, Beth <hr/> 6 Contributor address; City; State; Zip Code Breckenridge, CO 80424-6430	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	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: 404/1229 Rpt: 407/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> 6 Contributor address; City; State; Zip Code Hampton, VA 23664-2207	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	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: 405/1229 Rpt: 408/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> 6 Contributor address; City; State; Zip Code Hampton, VA 23664-2207	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	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: 406/1229 Rpt: 409/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> 6 Contributor address; City; State; Zip Code Hampton, VA 23664-2207	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	Amount of Contribution (\$) \$10.00
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: 407/1229 Rpt: 410/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> 6 Contributor address; City; State; Zip Code Hampton, VA 23664-2207	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	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: 408/1229 Rpt: 411/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Hampton, VA 23664-2207		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Hampton, VA 23664-2207		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Hampton, VA 23664-2207		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Hampton, VA 23664-2207		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Hampton, VA 23664-2207		
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: 409/1229 Rpt: 412/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> 6 Contributor address; City; State; Zip Code Hampton, VA 23664-2207	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	Amount of Contribution (\$) \$5.00
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: 410/1229 Rpt: 413/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> 6 Contributor address; City; State; Zip Code Hampton, VA 23664-2207	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerra, Thomas <hr/> Contributor address; City; State; Zip Code Deming, NM 88030-3530	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Karen <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19119-3716	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Pennsylvania
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Karen <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19119-3716	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Pennsylvania
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Karen <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19119-3716	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Pennsylvania

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 411/1229 Rpt: 414/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Karen <hr/> 6 Contributor address; City; State; Zip Code Philadelphia, PA 19119-3716	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) University of Pennsylvania
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Karen <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19119-3716	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Pennsylvania
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gustafson, Karen <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19119-3716	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Pennsylvania
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guy, Carol <hr/> Contributor address; City; State; Zip Code East Orange, NJ 07018-1114	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guy, Carol <hr/> Contributor address; City; State; Zip Code East Orange, NJ 07018-1114	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: 412/1229 Rpt: 415/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guy, Carol <hr/> 6 Contributor address; City; State; Zip Code East Orange, NJ 07018-1114	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guy, Carol <hr/> Contributor address; City; State; Zip Code East Orange, NJ 07018-1114	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guy, Carol <hr/> Contributor address; City; State; Zip Code East Orange, NJ 07018-1114	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haerian, Mohammad <hr/> Contributor address; City; State; Zip Code Cockeysville, MD 21030-3017	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haerian, Mohammad <hr/> Contributor address; City; State; Zip Code Cockeysville, MD 21030-3017	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		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: 413/1229 Rpt: 416/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haerian, Mohammad <hr/> 6 Contributor address; City; State; Zip Code Cockeysville, MD 21030-3017	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haerian, Mohammad <hr/> Contributor address; City; State; Zip Code Cockeysville, MD 21030-3017	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haerian, Mohammad <hr/> Contributor address; City; State; Zip Code Cockeysville, MD 21030-3017	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haerian, Mohammad <hr/> Contributor address; City; State; Zip Code Cockeysville, MD 21030-3017	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haislip, Wallace <hr/> Contributor address; City; State; Zip Code Alpharetta, GA 30009-3719	Amount of Contribution (\$) \$100.00
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: 414/1229 Rpt: 417/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hakulinen, Lori <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20001	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hakulinen, Lori <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hakulinen, Lori <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hakulinen, Lori <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hakulinen, Lori <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	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: 415/1229 Rpt: 418/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hakulinen, Lori	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Washington, DC 20001		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haldipur, Preeti	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Washington, DC 20009-4843		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) SAP
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haldipur, Preeti	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Washington, DC 20009-4843		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) SAP
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haldipur, Preeti	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Washington, DC 20009-4843		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) SAP
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haldipur, Preeti	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Washington, DC 20009-4843		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) SAP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 416/1229 Rpt: 419/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haldipur, Preeti	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Washington, DC 20009-4843		
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) SAP
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haldipur, Preeti	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Washington, DC 20009-4843		
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) SAP
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Robert	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Annandale, VA 22003-1161		
Principal occupation / Job title (See Instructions) Senior Executive Advisor		Employer (See Instructions) Booz Allen Hamilton
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hale, Robert	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Annandale, VA 22003-1161		
Principal occupation / Job title (See Instructions) Senior Executive Advisor		Employer (See Instructions) Booz Allen Hamilton
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Robert	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Knoxville, TN 37932-3222		
Principal occupation / Job title (See Instructions) Executive Management		Employer (See Instructions) Elderfield and Hall

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 417/1229 Rpt: 420/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Robert	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Knoxville, TN 37932-3222		
8 Principal occupation / Job title (See Instructions) Executive Management		9 Employer (See Instructions) Elderfield and Hall
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Robert	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Knoxville, TN 37932-3222		
Principal occupation / Job title (See Instructions) Executive Management		Employer (See Instructions) Elderfield and Hall
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Robert	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Knoxville, TN 37932-3222		
Principal occupation / Job title (See Instructions) Executive Management		Employer (See Instructions) Elderfield and Hall
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Robert	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Knoxville, TN 37932-3222		
Principal occupation / Job title (See Instructions) Executive Management		Employer (See Instructions) Elderfield and Hall
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hall, Robert	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Knoxville, TN 37932-3222		
Principal occupation / Job title (See Instructions) Executive Management		Employer (See Instructions) Elderfield and Hall

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 418/1229 Rpt: 421/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallett, Ellen <hr/> 6 Contributor address; City; State; Zip Code Wellesley, MA 02482-2258	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallett, Ellen <hr/> Contributor address; City; State; Zip Code Wellesley, MA 02482-2258	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallett, Ellen <hr/> Contributor address; City; State; Zip Code Wellesley, MA 02482-2258	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallett, Ellen <hr/> Contributor address; City; State; Zip Code Wellesley, MA 02482-2258	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallett, Ellen <hr/> Contributor address; City; State; Zip Code Wellesley, MA 02482-2258	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: 419/1229 Rpt: 422/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hallett, Ellen <hr/> 6 Contributor address; City; State; Zip Code Wellesley, MA 02482-2258	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halvorsen, Fred <hr/> Contributor address; City; State; Zip Code Findlay, OH 45840-1129	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Kathryn <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15217-1245	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, William <hr/> Contributor address; City; State; Zip Code Houston, TX 77065-4765	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, William <hr/> Contributor address; City; State; Zip Code Houston, TX 77065-4765	Amount of Contribution (\$) \$30.00
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: 420/1229 Rpt: 423/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, William <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77065-4765	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, William <hr/> Contributor address; City; State; Zip Code Houston, TX 77065-4765	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, William <hr/> Contributor address; City; State; Zip Code Houston, TX 77065-4765	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, William <hr/> Contributor address; City; State; Zip Code Houston, TX 77065-4765	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammer, Arla <hr/> Contributor address; City; State; Zip Code Newport, KY 41071-2066	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: 421/1229 Rpt: 424/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammer, Arla <hr/> 6 Contributor address; City; State; Zip Code Newport, KY 41071-2066	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammer, Arla <hr/> Contributor address; City; State; Zip Code Newport, KY 41071-2066	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammer, Arla <hr/> Contributor address; City; State; Zip Code Newport, KY 41071-2066	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammett, Anne H. <hr/> Contributor address; City; State; Zip Code Watertown, MA 02472-2713	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammett, Anne H. <hr/> Contributor address; City; State; Zip Code Watertown, MA 02472-2713	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: 422/1229 Rpt: 425/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammett, Anne H. <hr/> 6 Contributor address; City; State; Zip Code Watertown, MA 02472-2713	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammett, Anne H. <hr/> Contributor address; City; State; Zip Code Watertown, MA 02472-2713	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammett, Anne H. <hr/> Contributor address; City; State; Zip Code Watertown, MA 02472-2713	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammett, Anne H. <hr/> Contributor address; City; State; Zip Code Watertown, MA 02472-2713	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond, Home <hr/> Contributor address; City; State; Zip Code Somersworth, NH 03878-1607	Amount of Contribution (\$) \$1.00
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: 423/1229 Rpt: 426/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond, Home <hr/> 6 Contributor address; City; State; Zip Code Somersworth, NH 03878-1607	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond, Home <hr/> Contributor address; City; State; Zip Code Somersworth, NH 03878-1607	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond, Home <hr/> Contributor address; City; State; Zip Code Somersworth, NH 03878-1607	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond, Home <hr/> Contributor address; City; State; Zip Code Somersworth, NH 03878-1607	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond, Home <hr/> Contributor address; City; State; Zip Code Somersworth, NH 03878-1607	Amount of Contribution (\$) \$20.00
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: 424/1229 Rpt: 427/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Steve <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98102-3587	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Gloria <hr/> Contributor address; City; State; Zip Code Whitefish, MT 59937-7503	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Gloria <hr/> Contributor address; City; State; Zip Code Whitefish, MT 59937-7503	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Gloria <hr/> Contributor address; City; State; Zip Code Whitefish, MT 59937-7503	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Gloria <hr/> Contributor address; City; State; Zip Code Whitefish, MT 59937-7503	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: 425/1229 Rpt: 428/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Gloria <hr/> 6 Contributor address; City; State; Zip Code Whitefish, MT 59937-7503	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanson, Gloria <hr/> Contributor address; City; State; Zip Code Whitefish, MT 59937-7503	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harbison, Diana <hr/> Contributor address; City; State; Zip Code Deep River, CT 06417-2105	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardy, Linda <hr/> Contributor address; City; State; Zip Code Matawan, NJ 07747-9524	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardy, Linda <hr/> Contributor address; City; State; Zip Code Matawan, NJ 07747-9524	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: 426/1229 Rpt: 429/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardy, Linda <hr/> 6 Contributor address; City; State; Zip Code Matawan, NJ 07747-9524	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardy, Linda <hr/> Contributor address; City; State; Zip Code Matawan, NJ 07747-9524	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardy, Linda <hr/> Contributor address; City; State; Zip Code Matawan, NJ 07747-9524	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardy, Linda <hr/> Contributor address; City; State; Zip Code Matawan, NJ 07747-9524	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haresch, John <hr/> Contributor address; City; State; Zip Code Potomac, MD 20854-3464	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Department of State

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 427/1229 Rpt: 430/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harless, Cora <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94122-3509	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harless, Cora <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94122-3509	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harless, Cora <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94122-3509	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harless, Cora <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94122-3509	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harless, Cora <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94122-3509	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: 428/1229 Rpt: 431/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harless, Cora <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94122-3509	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harlow, Clifford <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98034-2045	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Microsoft Corporation
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harlow, Clifford <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98034-2045	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Microsoft Corporation
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harlow, Clifford <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98034-2045	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Microsoft Corporation
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harlow, Clifford <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98034-2045	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Microsoft Corporation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 429/1229 Rpt: 432/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harlow, Clifford <hr/> 6 Contributor address; City; State; Zip Code Kirkland, WA 98034-2045	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Microsoft Corporation
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harlow, Clifford <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98034-2045	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Microsoft Corporation
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Guy <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94301-2452	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Guy <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94301-2452	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Guy <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94301-2452	Amount of Contribution (\$) \$50.00
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: 430/1229 Rpt: 433/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Guy <hr/> 6 Contributor address; City; State; Zip Code Palo Alto, CA 94301-2452	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Guy <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94301-2452	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Guy <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94301-2452	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Susan <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90401-2434	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Julia <hr/> Contributor address; City; State; Zip Code Asheville, NC 28801-1428	Amount of Contribution (\$) \$20.00
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: 431/1229 Rpt: 434/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Julia <hr/> 6 Contributor address; City; State; Zip Code Asheville, NC 28801-1428	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Julia <hr/> Contributor address; City; State; Zip Code Asheville, NC 28801-1428	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Julia <hr/> Contributor address; City; State; Zip Code Asheville, NC 28801-1428	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Julia <hr/> Contributor address; City; State; Zip Code Asheville, NC 28801-1428	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Julia <hr/> Contributor address; City; State; Zip Code Asheville, NC 28801-1428	Amount of Contribution (\$) \$20.00
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: 432/1229 Rpt: 435/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Alice <hr/> 6 Contributor address; City; State; Zip Code Ann Arbor, MI 48108-8663	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Alice <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48108-8663	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Alice <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48108-8663	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Alice <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48108-8663	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Alice <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48108-8663	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: 433/1229 Rpt: 436/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Alice <hr/> 6 Contributor address; City; State; Zip Code Ann Arbor, MI 48108-8663	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harter, Stephen <hr/> Contributor address; City; State; Zip Code Bloomington, IN 47408-3109	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Bookseller		Employer (See Instructions) Self Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harter, Stephen <hr/> Contributor address; City; State; Zip Code Bloomington, IN 47408-3109	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Bookseller		Employer (See Instructions) Self Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hayes, Cecil <hr/> Contributor address; City; State; Zip Code Seattle, WA 98105-2836	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, V.B. <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30331-7755	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Tax Preparer		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: 434/1229 Rpt: 437/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, V.B.	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Atlanta, GA 30331-7755	
8 Principal occupation / Job title (See Instructions) Tax Preparer		9 Employer (See Instructions) Self Employed
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, V.B.	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Atlanta, GA 30331-7755	
Principal occupation / Job title (See Instructions) Tax Preparer		Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, V.B.	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Atlanta, GA 30331-7755	
Principal occupation / Job title (See Instructions) Tax Preparer		Employer (See Instructions) Self Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, V.B.	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Atlanta, GA 30331-7755	
Principal occupation / Job title (See Instructions) Tax Preparer		Employer (See Instructions) Self Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, V.B.	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Atlanta, GA 30331-7755	
Principal occupation / Job title (See Instructions) Tax Preparer		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: 435/1229 Rpt: 438/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, V.B.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Atlanta, GA 30331-7755	
8 Principal occupation / Job title (See Instructions) Tax Preparer		9 Employer (See Instructions) Self Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, V.B.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Atlanta, GA 30331-7755	
Principal occupation / Job title (See Instructions) Tax Preparer		Employer (See Instructions) Self Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, V.B.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Atlanta, GA 30331-7755	
Principal occupation / Job title (See Instructions) Tax Preparer		Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Head, V.B.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Atlanta, GA 30331-7755	
Principal occupation / Job title (See Instructions) Tax Preparer		Employer (See Instructions) Self Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefflin, Brockton	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Rutherfordton, NC 28139-6617	
Principal occupation / Job title (See Instructions) Consultant		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: 436/1229 Rpt: 439/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefflin, Brockton	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Rutherfordton, NC 28139-6617		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefflin, Brockton	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Rutherfordton, NC 28139-6617		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefflin, Brockton	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Rutherfordton, NC 28139-6617		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hefflin, Brockton	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Rutherfordton, NC 28139-6617		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heintz, June	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Charlottesville, VA 22903-3641		
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: 437/1229 Rpt: 440/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heintz, June <hr/> 6 Contributor address; City; State; Zip Code Charlottesville, VA 22903-3641	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heintz, June <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22903-3641	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heintz, June <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22903-3641	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heintz, June <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22903-3641	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Heintz, June <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22903-3641	Amount of Contribution (\$) \$20.00
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: 438/1229 Rpt: 441/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Naperville, IL 60564-6020	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Jim <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3443	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Jim <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3443	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Jim <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3443	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Jim <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3443	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: 439/1229 Rpt: 442/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Jim <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005-3443	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Jim <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-3443	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendricks, Sherrill <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22303-2524	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendricks, Sherrill <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22303-2524	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendricks, Sherrill <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22303-2524	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: 440/1229 Rpt: 443/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendricks, Sherrill <hr/> 6 Contributor address; City; State; Zip Code Alexandria, VA 22303-2524	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hendricks, Sherrill <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22303-2524	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henson, Bruce <hr/> Contributor address; City; State; Zip Code Aurora, CO 80014-3666	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) real estate broker		Employer (See Instructions) Remax Unlimited
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbert, Carolyn <hr/> Contributor address; City; State; Zip Code Berlin, MD 21811-1526	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbert, Carolyn <hr/> Contributor address; City; State; Zip Code Berlin, MD 21811-1526	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: 441/1229 Rpt: 444/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbert, Carolyn <hr/> 6 Contributor address; City; State; Zip Code Berlin, MD 21811-1526	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbert, Carolyn <hr/> Contributor address; City; State; Zip Code Berlin, MD 21811-1526	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbert, Carolyn <hr/> Contributor address; City; State; Zip Code Berlin, MD 21811-1526	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbert, Carolyn <hr/> Contributor address; City; State; Zip Code Berlin, MD 21811-1526	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Leah <hr/> Contributor address; City; State; Zip Code Oakland, CA 94602-3925	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Homemaker		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: 442/1229 Rpt: 445/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Leah <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94602-3925	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Homemaker		9 Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Leah <hr/> Contributor address; City; State; Zip Code Oakland, CA 94602-3925	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Leah <hr/> Contributor address; City; State; Zip Code Oakland, CA 94602-3925	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Leah <hr/> Contributor address; City; State; Zip Code Oakland, CA 94602-3925	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Homemaker		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herman, Leah <hr/> Contributor address; City; State; Zip Code Oakland, CA 94602-3925	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Homemaker		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: 443/1229 Rpt: 446/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herum, Jacquelyn	7 Amount of Contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code Ellensburg, WA 98926-3434		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herum, Jacquelyn	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Ellensburg, WA 98926-3434		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herum, Jacquelyn	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Ellensburg, WA 98926-3434		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herum, Jacquelyn	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Ellensburg, WA 98926-3434		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herum, Jacquelyn	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Ellensburg, WA 98926-3434		
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: 444/1229 Rpt: 447/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herum, Jacquelyn <hr/> 6 Contributor address; City; State; Zip Code Ellensburg, WA 98926-3434	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herum, Jacquelyn <hr/> Contributor address; City; State; Zip Code Ellensburg, WA 98926-3434	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herzog, Lois H. <hr/> Contributor address; City; State; Zip Code Monroe, NY 10950-3003	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herzog, Lois H. <hr/> Contributor address; City; State; Zip Code Monroe, NY 10950-3003	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herzog, Lois H. <hr/> Contributor address; City; State; Zip Code Monroe, NY 10950-3003	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: 445/1229 Rpt: 448/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herzog, Lois H.	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Monroe, NY 10950-3003	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herzog, Lois H.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Monroe, NY 10950-3003	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herzog, Lois H.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Monroe, NY 10950-3003	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hewitt, Lindy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Mateo, CA 94401-3241	
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hewitt, Lindy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code San Mateo, CA 94401-3241	
Principal occupation / Job title (See Instructions) Psychotherapist		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: 446/1229 Rpt: 449/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hewitt, Lindy <hr/> 6 Contributor address; City; State; Zip Code San Mateo, CA 94401-3241	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Psychotherapist		9 Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hewitt, Lindy <hr/> Contributor address; City; State; Zip Code San Mateo, CA 94401-3241	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hewitt, Lindy <hr/> Contributor address; City; State; Zip Code San Mateo, CA 94401-3241	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hewitt, Lindy <hr/> Contributor address; City; State; Zip Code San Mateo, CA 94401-3241	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Ann <hr/> Contributor address; City; State; Zip Code Ft Wright, KY 41011-3620	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Psychotherapist		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: 447/1229 Rpt: 450/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Ann <hr/> 6 Contributor address; City; State; Zip Code Ft Wright, KY 41011-3620	7 Amount of Contribution (\$) \$38.00
8 Principal occupation / Job title (See Instructions) Psychotherapist		9 Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hicks, Ann <hr/> Contributor address; City; State; Zip Code Ft Wright, KY 41011-3620	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higbie, Lee <hr/> Contributor address; City; State; Zip Code Portland, OR 97202-6444	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Colin <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-0922	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Colin <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-0922	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		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: 448/1229 Rpt: 451/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Colin <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94109-0922	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Colin <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-0922	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Colin <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-0922	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Colin <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-0922	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilen, Delney <hr/> Contributor address; City; State; Zip Code Seattle, WA 98101-2302	Amount of Contribution (\$) \$100.00
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: 449/1229 Rpt: 452/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill-Midgett, Nannie <hr/> 6 Contributor address; City; State; Zip Code Upper Marlboro, MD 20773-0369	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill-Midgett, Nannie <hr/> Contributor address; City; State; Zip Code Upper Marlboro, MD 20773-0369	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill-Midgett, Nannie <hr/> Contributor address; City; State; Zip Code Upper Marlboro, MD 20773-0369	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill-Midgett, Nannie <hr/> Contributor address; City; State; Zip Code Upper Marlboro, MD 20773-0369	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill-Midgett, Nannie <hr/> Contributor address; City; State; Zip Code Upper Marlboro, MD 20773-0369	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: 450/1229 Rpt: 453/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill-Midgett, Nannie <hr/> 6 Contributor address; City; State; Zip Code Upper Marlboro, MD 20773-0369	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillila, Martin <hr/> Contributor address; City; State; Zip Code Grand Haven, MI 49417-1337	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillila, Martin <hr/> Contributor address; City; State; Zip Code Grand Haven, MI 49417-1337	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillila, Martin <hr/> Contributor address; City; State; Zip Code Grand Haven, MI 49417-1337	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillila, Martin <hr/> Contributor address; City; State; Zip Code Grand Haven, MI 49417-1337	Amount of Contribution (\$) \$35.00
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: 451/1229 Rpt: 454/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillila, Martin <hr/> 6 Contributor address; City; State; Zip Code Grand Haven, MI 49417-1337	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillila, Martin <hr/> Contributor address; City; State; Zip Code Grand Haven, MI 49417-1337	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hills, Edward <hr/> Contributor address; City; State; Zip Code Nashville, TN 37209-4525	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Meharry Medical College
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hills, Edward <hr/> Contributor address; City; State; Zip Code Nashville, TN 37209-4525	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Meharry Medical College
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hills, Edward <hr/> Contributor address; City; State; Zip Code Nashville, TN 37209-4525	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Meharry Medical College

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 452/1229 Rpt: 455/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hills, Edward <hr/> 6 Contributor address; City; State; Zip Code Nashville, TN 37209-4525	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Meharry Medical College
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hills, Edward <hr/> Contributor address; City; State; Zip Code Nashville, TN 37209-4525	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Meharry Medical College
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hise, Laura <hr/> Contributor address; City; State; Zip Code Laurel, MD 20724-6129	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) IT Specialist		Employer (See Instructions) US Department of Treasury
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hise, Laura <hr/> Contributor address; City; State; Zip Code Laurel, MD 20724-6129	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) IT Specialist		Employer (See Instructions) US Department of Treasury
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hise, Laura <hr/> Contributor address; City; State; Zip Code Laurel, MD 20724-6129	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) IT Specialist		Employer (See Instructions) US Department of Treasury

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 453/1229 Rpt: 456/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hise, Laura <hr/> 6 Contributor address; City; State; Zip Code Laurel, MD 20724-6129	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) IT Specialist		9 Employer (See Instructions) US Department of Treasury
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hise, Laura <hr/> Contributor address; City; State; Zip Code Laurel, MD 20724-6129	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) IT Specialist		Employer (See Instructions) US Department of Treasury
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hise, Laura <hr/> Contributor address; City; State; Zip Code Laurel, MD 20724-6129	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) IT Specialist		Employer (See Instructions) US Department of Treasury
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoagland, Grace <hr/> Contributor address; City; State; Zip Code Woodside, CA 94062-3607	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Stanford University
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, Ann <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20901-4020	Amount of Contribution (\$) \$100.00
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: 454/1229 Rpt: 457/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, David	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Vero Beach, FL 32960-5213		
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) David Hobbs Honda
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, David	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Vero Beach, FL 32960-5213		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) David Hobbs Honda
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, David	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Vero Beach, FL 32960-5213		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) David Hobbs Honda
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, David	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Vero Beach, FL 32960-5213		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) David Hobbs Honda
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, David	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Vero Beach, FL 32960-5213		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) David Hobbs Honda

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 455/1229 Rpt: 458/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, David	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Vero Beach, FL 32960-5213		
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) David Hobbs Honda
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, David	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Vero Beach, FL 32960-5213		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) David Hobbs Honda
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, David	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Vero Beach, FL 32960-5213		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) David Hobbs Honda
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, David	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Vero Beach, FL 32960-5213		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) David Hobbs Honda
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, David	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Vero Beach, FL 32960-5213		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) David Hobbs Honda

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 456/1229 Rpt: 459/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoff, Kalee <hr/> 6 Contributor address; City; State; Zip Code Birmingham, MI 48009-3302	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, John <hr/> Contributor address; City; State; Zip Code Fair Haven, NJ 07704-3309	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Paul <hr/> Contributor address; City; State; Zip Code Hillsdale, NY 12529-5068	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Paul <hr/> Contributor address; City; State; Zip Code Hillsdale, NY 12529-5068	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Paul <hr/> Contributor address; City; State; Zip Code Hillsdale, NY 12529-5068	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: 457/1229 Rpt: 460/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Paul <hr/> 6 Contributor address; City; State; Zip Code Hillsdale, NY 12529-5068	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Paul <hr/> Contributor address; City; State; Zip Code Hillsdale, NY 12529-5068	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Paul <hr/> Contributor address; City; State; Zip Code Hillsdale, NY 12529-5068	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Rosalind <hr/> Contributor address; City; State; Zip Code Port Washington, NY 11050-4417	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Northwell
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Rosalind <hr/> Contributor address; City; State; Zip Code Port Washington, NY 11050-4417	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Northwell

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 458/1229 Rpt: 461/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Rosalind <hr/> 6 Contributor address; City; State; Zip Code Port Washington, NY 11050-4417	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Northwell
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Rosalind <hr/> Contributor address; City; State; Zip Code Port Washington, NY 11050-4417	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Northwell
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Rosalind <hr/> Contributor address; City; State; Zip Code Port Washington, NY 11050-4417	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Northwell
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Rosalind <hr/> Contributor address; City; State; Zip Code Port Washington, NY 11050-4417	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Northwell
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hogan, Alan <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46202-3462	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Sales/Marketing/Consulting		Employer (See Instructions) The Hogan Group Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 459/1229 Rpt: 462/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hohenstein, Jon <hr/> 6 Contributor address; City; State; Zip Code Saint Paul, MN 55122-2708	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hohenstein, Jon <hr/> Contributor address; City; State; Zip Code Saint Paul, MN 55122-2708	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hohenstein, Jon <hr/> Contributor address; City; State; Zip Code Saint Paul, MN 55122-2708	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hohenstein, Jon <hr/> Contributor address; City; State; Zip Code Saint Paul, MN 55122-2708	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holden, Howard <hr/> Contributor address; City; State; Zip Code Decatur, GA 30030-3424	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: 460/1229 Rpt: 463/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holden, Howard <hr/> 6 Contributor address; City; State; Zip Code Decatur, GA 30030-3424	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holden, Howard <hr/> Contributor address; City; State; Zip Code Decatur, GA 30030-3424	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holden, Howard <hr/> Contributor address; City; State; Zip Code Decatur, GA 30030-3424	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holden, Howard <hr/> Contributor address; City; State; Zip Code Decatur, GA 30030-3424	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holden, Howard <hr/> Contributor address; City; State; Zip Code Decatur, GA 30030-3424	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: 461/1229 Rpt: 464/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holden, Rhonda	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Rocklin, CA 95765-5228		
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) Care Innovations
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holden, Rhonda	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Rocklin, CA 95765-5228		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Care Innovations
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holden, Rhonda	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Rocklin, CA 95765-5228		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Care Innovations
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holden, Rhonda	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Rocklin, CA 95765-5228		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Care Innovations
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holden, Rhonda	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Rocklin, CA 95765-5228		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Care Innovations

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 462/1229 Rpt: 465/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holden, Rhonda <hr/> 6 Contributor address; City; State; Zip Code Rocklin, CA 95765-5228	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) Care Innovations
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holladay, John <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30308-8000	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Market Street Services Inc.
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holladay, John <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30308-8000	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Market Street Services Inc.
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloman, David <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27613-7529	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Keystone Systems Inc
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloman, David <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27613-7529	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Keystone Systems Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 463/1229 Rpt: 466/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloman, David <hr/> 6 Contributor address; City; State; Zip Code Raleigh, NC 27613-7529	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Keystone Systems Inc
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloman, David <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27613-7529	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Keystone Systems Inc
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloman, David <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27613-7529	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Keystone Systems Inc
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holloman, David <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27613-7529	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Keystone Systems Inc
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmberg, Ken <hr/> Contributor address; City; State; Zip Code Montague, MA 01351-8918	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Tax Assessor		Employer (See Instructions) Town of Shutesbury

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 464/1229 Rpt: 467/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmberg, Ken	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Montague, MA 01351-8918		
8 Principal occupation / Job title (See Instructions) Tax Assessor		9 Employer (See Instructions) Town of Shutesbury
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmberg, Ken	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Montague, MA 01351-8918		
Principal occupation / Job title (See Instructions) Tax Assessor		Employer (See Instructions) Town of Shutesbury
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmberg, Ken	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Montague, MA 01351-8918		
Principal occupation / Job title (See Instructions) Tax Assessor		Employer (See Instructions) Town of Shutesbury
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmberg, Ken	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Montague, MA 01351-8918		
Principal occupation / Job title (See Instructions) Tax Assessor		Employer (See Instructions) Town of Shutesbury
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmberg, Ken	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Montague, MA 01351-8918		
Principal occupation / Job title (See Instructions) Tax Assessor		Employer (See Instructions) Town of Shutesbury

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 465/1229 Rpt: 468/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holtshouser, Sherrell <hr/> 6 Contributor address; City; State; Zip Code Anchorage, AK 99515-3115	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) State of Alaska
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Homer, Bill <hr/> Contributor address; City; State; Zip Code Plainfield, NJ 07060-1205	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Homer, Bill <hr/> Contributor address; City; State; Zip Code Plainfield, NJ 07060-1205	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, James <hr/> Contributor address; City; State; Zip Code Chesapeake, VA 23320-3888	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hopkins, James <hr/> Contributor address; City; State; Zip Code Chesapeake, VA 23320-3888	Amount of Contribution (\$) \$113.00
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: 466/1229 Rpt: 469/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horne, William C. <hr/> 6 Contributor address; City; State; Zip Code Branford, CT 06405-5610	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horne, William C. <hr/> Contributor address; City; State; Zip Code Branford, CT 06405-5610	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horton, Marion <hr/> Contributor address; City; State; Zip Code Evanston, IL 60201-2049	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horwath, Jeanmarie <hr/> Contributor address; City; State; Zip Code Westerville, OH 43081-7720	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horwath, Jeanmarie <hr/> Contributor address; City; State; Zip Code Westerville, OH 43081-7720	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: 467/1229 Rpt: 470/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horwath, Jeanmarie <hr/> 6 Contributor address; City; State; Zip Code Westerville, OH 43081-7720	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horwath, Jeanmarie <hr/> Contributor address; City; State; Zip Code Westerville, OH 43081-7720	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Gregory <hr/> Contributor address; City; State; Zip Code Huntingtown, MD 20639-8806	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Public Affairs Consultant		Employer (See Instructions) Cogent Strategic Communications
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Gregory <hr/> Contributor address; City; State; Zip Code Huntingtown, MD 20639-8806	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Public Affairs Consultant		Employer (See Instructions) Cogent Strategic Communications
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Gregory <hr/> Contributor address; City; State; Zip Code Huntingtown, MD 20639-8806	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Public Affairs Consultant		Employer (See Instructions) Cogent Strategic Communications

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 468/1229 Rpt: 471/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Gregory <hr/> 6 Contributor address; City; State; Zip Code Huntingtown, MD 20639-8806	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Public Affairs Consultant		9 Employer (See Instructions) Cogent Strategic Communications
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Pat <hr/> Contributor address; City; State; Zip Code Tracy, CA 95376-5363	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Pat <hr/> Contributor address; City; State; Zip Code Tracy, CA 95376-5363	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Pat <hr/> Contributor address; City; State; Zip Code Tracy, CA 95376-5363	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Pat <hr/> Contributor address; City; State; Zip Code Tracy, CA 95376-5363	Amount of Contribution (\$) \$30.00
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: 469/1229 Rpt: 472/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Pat <hr/> 6 Contributor address; City; State; Zip Code Tracy, CA 95376-5363	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howell, Pat <hr/> Contributor address; City; State; Zip Code Tracy, CA 95376-5363	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hruby, Karen <hr/> Contributor address; City; State; Zip Code Rancho Cucamonga, CA 91737-1806	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbard, Ronald M. <hr/> Contributor address; City; State; Zip Code Westlake, OH 44145-6130	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbard, Ronald M. <hr/> Contributor address; City; State; Zip Code Westlake, OH 44145-6130	Amount of Contribution (\$) \$16.50
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: 470/1229 Rpt: 473/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbard, Ronald M.	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Westlake, OH 44145-6130		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbard, Ronald M.	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Westlake, OH 44145-6130		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbard, Ronald M.	Amount of Contribution (\$) \$16.50
Contributor address; City; State; Zip Code Westlake, OH 44145-6130		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbard, Ronald M.	Amount of Contribution (\$) \$16.50
Contributor address; City; State; Zip Code Westlake, OH 44145-6130		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbard, Ronald M.	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Westlake, OH 44145-6130		
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: 471/1229 Rpt: 474/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbard, Ronald M.	7 Amount of Contribution (\$) \$16.50
	6 Contributor address; City; State; Zip Code Westlake, OH 44145-6130	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbard, Ronald M.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Westlake, OH 44145-6130	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbard, Ronald M.	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Westlake, OH 44145-6130	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbard, Ronald M.	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Westlake, OH 44145-6130	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbard, Ronald M.	Amount of Contribution (\$) \$16.50
	Contributor address; City; State; Zip Code Westlake, OH 44145-6130	
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: 472/1229 Rpt: 475/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbard, Ronald M. <hr/> 6 Contributor address; City; State; Zip Code Westlake, OH 44145-6130	7 Amount of Contribution (\$) \$16.50
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbard, Ronald M. <hr/> Contributor address; City; State; Zip Code Westlake, OH 44145-6130	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbard, Ronald M. <hr/> Contributor address; City; State; Zip Code Westlake, OH 44145-6130	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubbard, Ronald M. <hr/> Contributor address; City; State; Zip Code Westlake, OH 44145-6130	Amount of Contribution (\$) \$16.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-1541	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Apple Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 473/1229 Rpt: 476/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Jennifer	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Austin, TX 78731-1541		
8 Principal occupation / Job title (See Instructions) Technical Writer		9 Employer (See Instructions) Apple Inc.
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Jennifer	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78731-1541		
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Apple Inc.
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Jennifer	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78731-1541		
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Apple Inc.
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Jennifer	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78731-1541		
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Apple Inc.
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Jennifer	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Austin, TX 78731-1541		
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Apple Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 474/1229 Rpt: 477/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Carol <hr/> 6 Contributor address; City; State; Zip Code Carlsbad, CA 92008-2924	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Carol <hr/> Contributor address; City; State; Zip Code Carlsbad, CA 92008-2924	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hugues, Linda <hr/> Contributor address; City; State; Zip Code Tampa, FL 33625-3304	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Karl <hr/> Contributor address; City; State; Zip Code Chattanooga, TN 37421-1843	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Karl <hr/> Contributor address; City; State; Zip Code Chattanooga, TN 37421-1843	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: 475/1229 Rpt: 478/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Karl <hr/> 6 Contributor address; City; State; Zip Code Chattanooga, TN 37421-1843	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Karl <hr/> Contributor address; City; State; Zip Code Chattanooga, TN 37421-1843	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Randy <hr/> Contributor address; City; State; Zip Code Denton, TX 76201-4356	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Historian		Employer (See Instructions) Historic Denton Inc.
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Randy <hr/> Contributor address; City; State; Zip Code Denton, TX 76201-4356	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Historian		Employer (See Instructions) Historic Denton Inc.
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Randy <hr/> Contributor address; City; State; Zip Code Denton, TX 76201-4356	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Historian		Employer (See Instructions) Historic Denton Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 476/1229 Rpt: 479/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Randy <hr/> 6 Contributor address; City; State; Zip Code Denton, TX 76201-4356	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Historian		9 Employer (See Instructions) Historic Denton Inc.
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Tim <hr/> Contributor address; City; State; Zip Code Normal, IL 61761-1951	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Tim <hr/> Contributor address; City; State; Zip Code Normal, IL 61761-1951	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Tim <hr/> Contributor address; City; State; Zip Code Normal, IL 61761-1951	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Tim <hr/> Contributor address; City; State; Zip Code Normal, IL 61761-1951	Amount of Contribution (\$) \$20.00
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: 477/1229 Rpt: 480/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Tim <hr/> 6 Contributor address; City; State; Zip Code Normal, IL 61761-1951	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hunt, Tim <hr/> Contributor address; City; State; Zip Code Normal, IL 61761-1951	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igelsrud, Pat <hr/> Contributor address; City; State; Zip Code Farmington, MI 48336-3957	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igelsrud, Pat <hr/> Contributor address; City; State; Zip Code Farmington, MI 48336-3957	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igelsrud, Pat <hr/> Contributor address; City; State; Zip Code Farmington, MI 48336-3957	Amount of Contribution (\$) \$10.00
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: 478/1229 Rpt: 481/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igelsrud, Pat <hr/> 6 Contributor address; City; State; Zip Code Farmington, MI 48336-3957	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igelsrud, Pat <hr/> Contributor address; City; State; Zip Code Farmington, MI 48336-3957	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igelsrud, Pat <hr/> Contributor address; City; State; Zip Code Farmington, MI 48336-3957	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igelsrud, Pat <hr/> Contributor address; City; State; Zip Code Farmington, MI 48336-3957	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igelsrud, Pat <hr/> Contributor address; City; State; Zip Code Farmington, MI 48336-3957	Amount of Contribution (\$) \$10.00
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: 479/1229 Rpt: 482/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igelsrud, Pat	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Farmington, MI 48336-3957		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igelsrud, Pat	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Farmington, MI 48336-3957		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igelsrud, Pat	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Farmington, MI 48336-3957		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Igelsrud, Pat	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Farmington, MI 48336-3957		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iglesias, Erik	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Redondo Beach, CA 90277-4834		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) NGC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 480/1229 Rpt: 483/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iglesias, Erik	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Redondo Beach, CA 90277-4834		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) NGC
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iglesias, Erik	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Redondo Beach, CA 90277-4834		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) NGC
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iglesias, Erik	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Redondo Beach, CA 90277-4834		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) NGC
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iglesias, Erik	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Redondo Beach, CA 90277-4834		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) NGC
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Iglesias, Erik	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Redondo Beach, CA 90277-4834		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) NGC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 481/1229 Rpt: 484/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Illades, Jane <hr/> 6 Contributor address; City; State; Zip Code San Diego, CA 92103-6243	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Illades, Jane <hr/> Contributor address; City; State; Zip Code San Diego, CA 92103-6243	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Illades, Jane <hr/> Contributor address; City; State; Zip Code San Diego, CA 92103-6243	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Illades, Jane <hr/> Contributor address; City; State; Zip Code San Diego, CA 92103-6243	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Illades, Jane <hr/> Contributor address; City; State; Zip Code San Diego, CA 92103-6243	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		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: 482/1229 Rpt: 485/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Illades, Jane <hr/> 6 Contributor address; City; State; Zip Code San Diego, CA 92103-6243	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, Margaret <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-4907	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, Margaret <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-4907	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, Margaret <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-4907	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, Margaret <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-4907	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: 483/1229 Rpt: 486/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, Margaret <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703-4907	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingram, Margaret <hr/> Contributor address; City; State; Zip Code Austin, TX 78703-4907	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inker, Judith <hr/> Contributor address; City; State; Zip Code Chestnut Hill, MA 02467-1957	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inman, Debra <hr/> Contributor address; City; State; Zip Code Napa, CA 94559-0444	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inman, Debra <hr/> Contributor address; City; State; Zip Code Napa, CA 94559-0444	Amount of Contribution (\$) \$50.00
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: 484/1229 Rpt: 487/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inman, Debra <hr/> 6 Contributor address; City; State; Zip Code Napa, CA 94559-0444	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inman, Debra <hr/> Contributor address; City; State; Zip Code Napa, CA 94559-0444	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inman, Debra <hr/> Contributor address; City; State; Zip Code Napa, CA 94559-0444	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inman, Debra <hr/> Contributor address; City; State; Zip Code Napa, CA 94559-0444	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isakson, Abigail <hr/> Contributor address; City; State; Zip Code Flagstaff, AZ 86004-7265	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Psychiatrist		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: 485/1229 Rpt: 488/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isakson, Abigail <hr/> 6 Contributor address; City; State; Zip Code Flagstaff, AZ 86004-7265	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Psychiatrist		9 Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isakson, Abigail <hr/> Contributor address; City; State; Zip Code Flagstaff, AZ 86004-7265	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isakson, Abigail <hr/> Contributor address; City; State; Zip Code Flagstaff, AZ 86004-7265	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isakson, Abigail <hr/> Contributor address; City; State; Zip Code Flagstaff, AZ 86004-7265	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions) Self Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isakson, Abigail <hr/> Contributor address; City; State; Zip Code Flagstaff, AZ 86004-7265	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Psychiatrist		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: 486/1229 Rpt: 489/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isakson, Abigail	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Flagstaff, AZ 86004-7265		
8 Principal occupation / Job title (See Instructions) Psychiatrist		9 Employer (See Instructions) Self Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isakson, Abigail	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Flagstaff, AZ 86004-7265		
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isakson, Abigail	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Flagstaff, AZ 86004-7265		
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isakson, Abigail	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Flagstaff, AZ 86004-7265		
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isakson, Abigail	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Flagstaff, AZ 86004-7265		
Principal occupation / Job title (See Instructions) Psychiatrist		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: 487/1229 Rpt: 490/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Israel, Wendy K.	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Ophir, CO 81426	
8 Principal occupation / Job title (See Instructions) In Home Care		9 Employer (See Instructions) Self Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Israel, Wendy K.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Ophir, CO 81426	
Principal occupation / Job title (See Instructions) In Home Care		Employer (See Instructions) Self Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Israel, Wendy K.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Ophir, CO 81426	
Principal occupation / Job title (See Instructions) In Home Care		Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Israel, Wendy K.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Ophir, CO 81426	
Principal occupation / Job title (See Instructions) In Home Care		Employer (See Instructions) Self Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Israel, Wendy K.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Ophir, CO 81426	
Principal occupation / Job title (See Instructions) In Home Care		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: 488/1229 Rpt: 491/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Israel, Wendy K. <hr/> 6 Contributor address; City; State; Zip Code Ophir, CO 81426	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) In Home Care		9 Employer (See Instructions) Self Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Patricia <hr/> Contributor address; City; State; Zip Code Roanoke, VA 24019-2625	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Health Educator		Employer (See Instructions) Roanoke Adolescent Health Partnership
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Patricia <hr/> Contributor address; City; State; Zip Code Roanoke, VA 24019-2625	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Health Educator		Employer (See Instructions) Roanoke Adolescent Health Partnership
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Patricia <hr/> Contributor address; City; State; Zip Code Roanoke, VA 24019-2625	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Health Educator		Employer (See Instructions) Roanoke Adolescent Health Partnership
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Patricia <hr/> Contributor address; City; State; Zip Code Roanoke, VA 24019-2625	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Health Educator		Employer (See Instructions) Roanoke Adolescent Health Partnership

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 489/1229 Rpt: 492/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Patricia <hr/> 6 Contributor address; City; State; Zip Code Roanoke, VA 24019-2625	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Health Educator		9 Employer (See Instructions) Roanoke Adolescent Health Partnership
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Patricia <hr/> Contributor address; City; State; Zip Code Roanoke, VA 24019-2625	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Health Educator		Employer (See Instructions) Roanoke Adolescent Health Partnership
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jambois, Thomas <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11225-3432	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jambois, Thomas <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11225-3432	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jambois, Thomas <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11225-3432	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: 490/1229 Rpt: 493/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jambois, Thomas <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11225-3432	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jambois, Thomas <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11225-3432	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) James, Sheilah <hr/> Contributor address; City; State; Zip Code Cold Spring, NY 10516-1606	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Senior Content Manager		Employer (See Instructions) Area 23 an IPG Health Network Company
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamison, Colleen <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-5323	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Bancvue
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamison, Colleen <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-5323	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Bancvue

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 491/1229 Rpt: 494/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamison, Colleen <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731-5323	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Bancvue
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamison, Colleen <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-5323	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Bancvue
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamison, Colleen <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-5323	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Bancvue
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamison, Colleen <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-5323	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Bancvue
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jarnagin, Kurt <hr/> Contributor address; City; State; Zip Code San Mateo, CA 94402-4039	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) BioPharm Tech Consulting

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 492/1229 Rpt: 495/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jarnagin, Kurt <hr/> 6 Contributor address; City; State; Zip Code San Mateo, CA 94402-4039	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Scientist		9 Employer (See Instructions) BioPharm Tech Consulting
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jarnagin, Kurt <hr/> Contributor address; City; State; Zip Code San Mateo, CA 94402-4039	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) BioPharm Tech Consulting
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jarnagin, Kurt <hr/> Contributor address; City; State; Zip Code San Mateo, CA 94402-4039	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) BioPharm Tech Consulting
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jarnagin, Kurt <hr/> Contributor address; City; State; Zip Code San Mateo, CA 94402-4039	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) BioPharm Tech Consulting
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jarnagin, Kurt <hr/> Contributor address; City; State; Zip Code San Mateo, CA 94402-4039	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) BioPharm Tech Consulting

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 493/1229 Rpt: 496/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, Barbara <hr/> 6 Contributor address; City; State; Zip Code Point Reyes Station, CA 94956-0166	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, Barbara <hr/> Contributor address; City; State; Zip Code Point Reyes Station, CA 94956-0166	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, Barbara <hr/> Contributor address; City; State; Zip Code Point Reyes Station, CA 94956-0166	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, Barbara <hr/> Contributor address; City; State; Zip Code Point Reyes Station, CA 94956-0166	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, Barbara <hr/> Contributor address; City; State; Zip Code Point Reyes Station, CA 94956-0166	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 494/1229 Rpt: 497/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, Cecelia	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Durham, NC 27712-1728		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) None
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jay, Cecelia	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Durham, NC 27712-1728		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, Wendy J.	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Bloomington, IN 47401-4361		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, Wendy J.	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Bloomington, IN 47401-4361		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, Wendy J.	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Bloomington, IN 47401-4361		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, Wendy J.	7 Amount of Contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code Bloomington, IN 47401-4361		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, Wendy J.	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Bloomington, IN 47401-4361		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, Wendy J.	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Bloomington, IN 47401-4361		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johansen, Robert	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Bruno, CA 94066-3928		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johansen, Robert	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Bruno, CA 94066-3928		
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: 496/1229 Rpt: 499/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johansen, Robert	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code San Bruno, CA 94066-3928		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johansen, Robert	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Bruno, CA 94066-3928		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johansen, Robert	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Bruno, CA 94066-3928		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johansen, Robert	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Bruno, CA 94066-3928		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Donald	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Pueblo West, CO 81007-2085		
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: 497/1229 Rpt: 500/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Chevy Chase, MD 20815-5225	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Elizabeth <hr/> Contributor address; City; State; Zip Code Chevy Chase, MD 20815-5225	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Elizabeth <hr/> Contributor address; City; State; Zip Code Chevy Chase, MD 20815-5225	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Elizabeth <hr/> Contributor address; City; State; Zip Code Chevy Chase, MD 20815-5225	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Elizabeth <hr/> Contributor address; City; State; Zip Code Chevy Chase, MD 20815-5225	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Chevy Chase, MD 20815-5225	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Elizabeth <hr/> Contributor address; City; State; Zip Code Chevy Chase, MD 20815-5225	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lana <hr/> Contributor address; City; State; Zip Code Madison, SD 57042-2516	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Program Technician		Employer (See Instructions) Lake County Farm Service Agency
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lana <hr/> Contributor address; City; State; Zip Code Madison, SD 57042-2516	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Program Technician		Employer (See Instructions) Lake County Farm Service Agency
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lana <hr/> Contributor address; City; State; Zip Code Madison, SD 57042-2516	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Program Technician		Employer (See Instructions) Lake County Farm Service Agency

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 499/1229 Rpt: 502/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lana <hr/> 6 Contributor address; City; State; Zip Code Madison, SD 57042-2516	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Program Technician		9 Employer (See Instructions) Lake County Farm Service Agency
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lana <hr/> Contributor address; City; State; Zip Code Madison, SD 57042-2516	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Program Technician		Employer (See Instructions) Lake County Farm Service Agency
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lana <hr/> Contributor address; City; State; Zip Code Madison, SD 57042-2516	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Program Technician		Employer (See Instructions) Lake County Farm Service Agency
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Lana <hr/> Contributor address; City; State; Zip Code Madison, SD 57042-2516	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Program Technician		Employer (See Instructions) Lake County Farm Service Agency
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Roger <hr/> Contributor address; City; State; Zip Code Leeds, MA 01053-9769	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		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: 500/1229 Rpt: 503/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, John	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Los Angeles, CA 90066-1911		
8 Principal occupation / Job title (See Instructions) Actor		9 Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, John	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Los Angeles, CA 90066-1911		
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, John	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Los Angeles, CA 90066-1911		
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, John	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Los Angeles, CA 90066-1911		
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, John	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Los Angeles, CA 90066-1911		
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, John	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Los Angeles, CA 90066-1911		
8 Principal occupation / Job title (See Instructions) Actor		9 Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, John	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Los Angeles, CA 90066-1911		
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, John	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Los Angeles, CA 90066-1911		
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, John	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Los Angeles, CA 90066-1911		
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, John	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Los Angeles, CA 90066-1911		
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 502/1229 Rpt: 505/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, John <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90066-1911	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Actor		9 Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, John <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90066-1911	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Self Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Justin D. <hr/> Contributor address; City; State; Zip Code Belmont, NC 28012-8671	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Engineering		Employer (See Instructions) AdHawk
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Scott <hr/> Contributor address; City; State; Zip Code Angel Fire, NM 87710-2026	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Scott <hr/> Contributor address; City; State; Zip Code Angel Fire, NM 87710-2026	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer		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: 503/1229 Rpt: 506/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Scott <hr/> 6 Contributor address; City; State; Zip Code Angel Fire, NM 87710-2026	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Self Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Scott <hr/> Contributor address; City; State; Zip Code Angel Fire, NM 87710-2026	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Scott <hr/> Contributor address; City; State; Zip Code Angel Fire, NM 87710-2026	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Scott <hr/> Contributor address; City; State; Zip Code Angel Fire, NM 87710-2026	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Betty <hr/> Contributor address; City; State; Zip Code Bronx, NY 10466-4813	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) registered nurse 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: 504/1229 Rpt: 507/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Betty <hr/> 6 Contributor address; City; State; Zip Code Bronx, NY 10466-4813	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) registered nurse retired		9 Employer (See Instructions) none
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Betty <hr/> Contributor address; City; State; Zip Code Bronx, NY 10466-4813	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) registered nurse retired		Employer (See Instructions) none
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jordan, Betty <hr/> Contributor address; City; State; Zip Code Bronx, NY 10466-4813	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) registered nurse retired		Employer (See Instructions) none
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josephson, Richard <hr/> Contributor address; City; State; Zip Code Santa Cruz, CA 95062-2454	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Josephson, Richard <hr/> Contributor address; City; State; Zip Code Santa Cruz, CA 95062-2454	Amount of Contribution (\$) \$50.00
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: 505/1229 Rpt: 508/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jugovic, Heidi <hr/> 6 Contributor address; City; State; Zip Code Baltimore, MD 21230-4956	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Science Applications International Corporation
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jugovic, Heidi <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21230-4956	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Science Applications International Corporation
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jugovic, Heidi <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21230-4956	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Science Applications International Corporation
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jugovic, Heidi <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21230-4956	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Science Applications International Corporation
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jugovic, Heidi <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21230-4956	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Science Applications International Corporation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 506/1229 Rpt: 509/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jugovic, Heidi <hr/> 6 Contributor address; City; State; Zip Code Baltimore, MD 21230-4956	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Science Applications International Corporation
Date 10/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kadolph, Lynn <hr/> Contributor address; City; State; Zip Code Winfield, IL 60190-1456	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kadolph, Lynn <hr/> Contributor address; City; State; Zip Code Winfield, IL 60190-1456	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalahar, Benson <hr/> Contributor address; City; State; Zip Code Seattle, WA 98107-3113	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SRE		Employer (See Instructions) Google LLC
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalahar, Benson <hr/> Contributor address; City; State; Zip Code Seattle, WA 98107-3113	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SRE		Employer (See Instructions) Google LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 507/1229 Rpt: 510/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalahar, Benson <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98107-3113	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) SRE		9 Employer (See Instructions) Google LLC
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalahar, Benson <hr/> Contributor address; City; State; Zip Code Seattle, WA 98107-3113	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SRE		Employer (See Instructions) Google LLC
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalahar, Benson <hr/> Contributor address; City; State; Zip Code Seattle, WA 98107-3113	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SRE		Employer (See Instructions) Google LLC
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalahar, Benson <hr/> Contributor address; City; State; Zip Code Seattle, WA 98107-3113	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) SRE		Employer (See Instructions) Google LLC
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalchbrenner, John A. <hr/> Contributor address; City; State; Zip Code Tavares, FL 32778-9288	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: 508/1229 Rpt: 511/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalchbrenner, John A. <hr/> 6 Contributor address; City; State; Zip Code Tavares, FL 32778-9288	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalchbrenner, John A. <hr/> Contributor address; City; State; Zip Code Tavares, FL 32778-9288	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalchbrenner, John A. <hr/> Contributor address; City; State; Zip Code Tavares, FL 32778-9288	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalchbrenner, John A. <hr/> Contributor address; City; State; Zip Code Tavares, FL 32778-9288	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalchbrenner, John A. <hr/> Contributor address; City; State; Zip Code Tavares, FL 32778-9288	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: 509/1229 Rpt: 512/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula S.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Oakland, CA 94612-4128	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula S.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Oakland, CA 94612-4128	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula S.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Oakland, CA 94612-4128	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula S.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Oakland, CA 94612-4128	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula S.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Oakland, CA 94612-4128	
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: 510/1229 Rpt: 513/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula S.	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Oakland, CA 94612-4128		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula S.	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Oakland, CA 94612-4128		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula S.	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Oakland, CA 94612-4128		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula S.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Oakland, CA 94612-4128		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula S.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Oakland, CA 94612-4128		
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: 511/1229 Rpt: 514/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula S. <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94612-4128	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula S. <hr/> Contributor address; City; State; Zip Code Oakland, CA 94612-4128	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula S. <hr/> Contributor address; City; State; Zip Code Oakland, CA 94612-4128	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula S. <hr/> Contributor address; City; State; Zip Code Oakland, CA 94612-4128	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula S. <hr/> Contributor address; City; State; Zip Code Oakland, CA 94612-4128	Amount of Contribution (\$) \$5.00
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: 512/1229 Rpt: 515/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula S. <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94612-4128	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula S. <hr/> Contributor address; City; State; Zip Code Oakland, CA 94612-4128	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula S. <hr/> Contributor address; City; State; Zip Code Oakland, CA 94612-4128	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalmowitz, Kathie <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27612-2308	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalmowitz, Kathie <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27612-2308	Amount of Contribution (\$) \$20.00
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: 513/1229 Rpt: 516/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalmowitz, Kathie <hr/> 6 Contributor address; City; State; Zip Code Raleigh, NC 27612-2308	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalmowitz, Kathie <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27612-2308	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalmowitz, Kathie <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27612-2308	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalmowitz, Kathie <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27612-2308	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalmowitz, Kathie <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27612-2308	Amount of Contribution (\$) \$20.00
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: 514/1229 Rpt: 517/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanaga, Gail <hr/> 6 Contributor address; City; State; Zip Code Naples, FL 34109-3217	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanaga, Gail <hr/> Contributor address; City; State; Zip Code Naples, FL 34109-3217	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanaga, Gail <hr/> Contributor address; City; State; Zip Code Naples, FL 34109-3217	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanaga, Gail <hr/> Contributor address; City; State; Zip Code Naples, FL 34109-3217	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanaga, Gail <hr/> Contributor address; City; State; Zip Code Naples, FL 34109-3217	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: 515/1229 Rpt: 518/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kanaga, Gail <hr/> 6 Contributor address; City; State; Zip Code Naples, FL 34109-3217	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/29/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karcz, John <hr/> Contributor address; City; State; Zip Code Amherst, MA 01002-2510	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) National Aeronautics and Space Administration
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kardon, Fredric <hr/> Contributor address; City; State; Zip Code Ithaca, NY 14850-9267	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Cayuga Medical Associates
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karpf, Beth <hr/> Contributor address; City; State; Zip Code Boulder, CO 80304-1427	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karpf, Beth <hr/> Contributor address; City; State; Zip Code Boulder, CO 80304-1427	Amount of Contribution (\$) \$20.00
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: 516/1229 Rpt: 519/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karpf, Beth <hr/> 6 Contributor address; City; State; Zip Code Boulder, CO 80304-1427	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karpf, Beth <hr/> Contributor address; City; State; Zip Code Boulder, CO 80304-1427	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karpf, Beth <hr/> Contributor address; City; State; Zip Code Boulder, CO 80304-1427	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karpf, Beth <hr/> Contributor address; City; State; Zip Code Boulder, CO 80304-1427	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kassar, Shaden <hr/> Contributor address; City; State; Zip Code Burr Ridge, IL 60527-0303	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) BCBA		Employer (See Instructions) ASD Life

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 517/1229 Rpt: 520/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kassar, Shaden <hr/> 6 Contributor address; City; State; Zip Code Burr Ridge, IL 60527-0303	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) BCBA		9 Employer (See Instructions) ASD Life
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kassar, Shaden <hr/> Contributor address; City; State; Zip Code Burr Ridge, IL 60527-0303	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) BCBA		Employer (See Instructions) ASD Life
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kassar, Shaden <hr/> Contributor address; City; State; Zip Code Burr Ridge, IL 60527-0303	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) BCBA		Employer (See Instructions) ASD Life
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kassar, Shaden <hr/> Contributor address; City; State; Zip Code Burr Ridge, IL 60527-0303	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) BCBA		Employer (See Instructions) ASD Life
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kassar, Shaden <hr/> Contributor address; City; State; Zip Code Burr Ridge, IL 60527-0303	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) BCBA		Employer (See Instructions) ASD Life

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 518/1229 Rpt: 521/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katz, Bonnie <hr/> 6 Contributor address; City; State; Zip Code Auburndale, MA 02466-2718	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Graphic Designer		9 Employer (See Instructions) Self Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katzoff, James <hr/> Contributor address; City; State; Zip Code Hollywood, FL 33019-4629	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katzoff, James <hr/> Contributor address; City; State; Zip Code Hollywood, FL 33019-4629	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katzoff, James <hr/> Contributor address; City; State; Zip Code Hollywood, FL 33019-4629	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katzoff, James <hr/> Contributor address; City; State; Zip Code Hollywood, FL 33019-4629	Amount of Contribution (\$) \$50.00
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: 519/1229 Rpt: 522/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katzoff, James <hr/> 6 Contributor address; City; State; Zip Code Hollywood, FL 33019-4629	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katzoff, James <hr/> Contributor address; City; State; Zip Code Hollywood, FL 33019-4629	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keane, Gayle <hr/> Contributor address; City; State; Zip Code Fort Wayne, IN 46814-8143	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keane, Gayle <hr/> Contributor address; City; State; Zip Code Fort Wayne, IN 46814-8143	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keane, Gayle <hr/> Contributor address; City; State; Zip Code Fort Wayne, IN 46814-8143	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: 520/1229 Rpt: 523/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keane, Gayle <hr/> 6 Contributor address; City; State; Zip Code Fort Wayne, IN 46814-8143	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keane, Gayle <hr/> Contributor address; City; State; Zip Code Fort Wayne, IN 46814-8143	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keane, Gayle <hr/> Contributor address; City; State; Zip Code Fort Wayne, IN 46814-8143	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keating, Cecily <hr/> Contributor address; City; State; Zip Code New York, NY 10024-6436	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Paul <hr/> Contributor address; City; State; Zip Code Menomonie, WI 54751-3766	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: 521/1229 Rpt: 524/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Paul <hr/> 6 Contributor address; City; State; Zip Code Menomonie, WI 54751-3766	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Paul <hr/> Contributor address; City; State; Zip Code Menomonie, WI 54751-3766	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Paul <hr/> Contributor address; City; State; Zip Code Menomonie, WI 54751-3766	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Paul <hr/> Contributor address; City; State; Zip Code Menomonie, WI 54751-3766	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Tom <hr/> Contributor address; City; State; Zip Code Portland, OR 97210-3366	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Portland State University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 522/1229 Rpt: 525/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Tom <hr/> 6 Contributor address; City; State; Zip Code Portland, OR 97210-3366	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Portland State University
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall, Carol <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087-2261	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall, Carol <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087-2261	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall, Carol <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087-2261	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall, Carol <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087-2261	Amount of Contribution (\$) \$100.00
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: 523/1229 Rpt: 526/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall, Carol <hr/> 6 Contributor address; City; State; Zip Code Sunnyvale, CA 94087-2261	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall, Carol <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087-2261	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall, Carol <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087-2261	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall, Carol <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087-2261	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall, Carol <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087-2261	Amount of Contribution (\$) \$10.00
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: 524/1229 Rpt: 527/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall, Carol <hr/> 6 Contributor address; City; State; Zip Code Sunnyvale, CA 94087-2261	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall, Carol <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087-2261	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall, Carol <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087-2261	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Charles <hr/> Contributor address; City; State; Zip Code Blairsville, PA 15717-4120	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Martha <hr/> Contributor address; City; State; Zip Code Winston Salem, NC 27106-4610	Amount of Contribution (\$) \$50.00
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: 525/1229 Rpt: 528/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Martha <hr/> 6 Contributor address; City; State; Zip Code Winston Salem, NC 27106-4610	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Tim <hr/> Contributor address; City; State; Zip Code Bloomington, IN 47404-3644	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Artist and Professor		Employer (See Instructions) Indiana University Bloomington
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Tim <hr/> Contributor address; City; State; Zip Code Bloomington, IN 47404-3644	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Artist and Professor		Employer (See Instructions) Indiana University Bloomington
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Tim <hr/> Contributor address; City; State; Zip Code Bloomington, IN 47404-3644	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Artist and Professor		Employer (See Instructions) Indiana University Bloomington
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Tim <hr/> Contributor address; City; State; Zip Code Bloomington, IN 47404-3644	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Artist and Professor		Employer (See Instructions) Indiana University Bloomington

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 526/1229 Rpt: 529/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Tim <hr/> 6 Contributor address; City; State; Zip Code Bloomington, IN 47404-3644	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Artist and Professor		9 Employer (See Instructions) Indiana University Bloomington
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Tim <hr/> Contributor address; City; State; Zip Code Bloomington, IN 47404-3644	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Artist and Professor		Employer (See Instructions) Indiana University Bloomington
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kenton, Amy <hr/> Contributor address; City; State; Zip Code Roslyn Heights, NY 11577-1127	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) School Administrator		Employer (See Instructions) Westbury Schools
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kern, Leslie <hr/> Contributor address; City; State; Zip Code Morganton, NC 28655-3133	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kern, Leslie <hr/> Contributor address; City; State; Zip Code Morganton, NC 28655-3133	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: 527/1229 Rpt: 530/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kern, Leslie <hr/> 6 Contributor address; City; State; Zip Code Morganton, NC 28655-3133	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kern, Leslie <hr/> Contributor address; City; State; Zip Code Morganton, NC 28655-3133	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kern, Leslie <hr/> Contributor address; City; State; Zip Code Morganton, NC 28655-3133	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kern, Leslie <hr/> Contributor address; City; State; Zip Code Morganton, NC 28655-3133	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kerrigan, Sheila <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516-9399	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Mime and Teaching Artist		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: 528/1229 Rpt: 531/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, Elena <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20015-1428	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingston, John <hr/> Contributor address; City; State; Zip Code Leverett, MA 01054-9722	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Massachusetts Amherst
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingston, John <hr/> Contributor address; City; State; Zip Code Leverett, MA 01054-9722	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Massachusetts Amherst
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingston, John <hr/> Contributor address; City; State; Zip Code Leverett, MA 01054-9722	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Massachusetts Amherst
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingston, John <hr/> Contributor address; City; State; Zip Code Leverett, MA 01054-9722	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Massachusetts Amherst

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 529/1229 Rpt: 532/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingston, John <hr/> 6 Contributor address; City; State; Zip Code Leverett, MA 01054-9722	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of Massachusetts Amherst
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kingston, John <hr/> Contributor address; City; State; Zip Code Leverett, MA 01054-9722	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Massachusetts Amherst
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinnaman, Sydney <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-3926	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinnaman, Sydney <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-3926	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinnaman, Sydney <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-3926	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: 530/1229 Rpt: 533/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinnaman, Sydney	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Eugene, OR 97405-3926		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinnaman, Sydney	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eugene, OR 97405-3926		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinnaman, Sydney	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eugene, OR 97405-3926		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinnaman, Sydney	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eugene, OR 97405-3926		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinnaman, Sydney	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eugene, OR 97405-3926		
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: 531/1229 Rpt: 534/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinsley, Michael <hr/> 6 Contributor address; City; State; Zip Code Snowmass, CO 81654-9223	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Mediator & Facilitator		9 Employer (See Instructions) Self-Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Deborah <hr/> Contributor address; City; State; Zip Code Ledyard, CT 06339-1503	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Deborah <hr/> Contributor address; City; State; Zip Code Ledyard, CT 06339-1503	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Deborah <hr/> Contributor address; City; State; Zip Code Ledyard, CT 06339-1503	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Deborah <hr/> Contributor address; City; State; Zip Code Ledyard, CT 06339-1503	Amount of Contribution (\$) \$100.00
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: 532/1229 Rpt: 535/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Deborah <hr/> 6 Contributor address; City; State; Zip Code Ledyard, CT 06339-1503	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Deborah <hr/> Contributor address; City; State; Zip Code Ledyard, CT 06339-1503	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk, Sean <hr/> Contributor address; City; State; Zip Code Bellingham, WA 98225-5820	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Writer		Employer (See Instructions) Self Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk, Sean <hr/> Contributor address; City; State; Zip Code Bellingham, WA 98225-5820	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Writer		Employer (See Instructions) Self Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk, Sean <hr/> Contributor address; City; State; Zip Code Bellingham, WA 98225-5820	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Writer		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: 533/1229 Rpt: 536/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk, Sean <hr/> 6 Contributor address; City; State; Zip Code Bellingham, WA 98225-5820	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Business Writer		9 Employer (See Instructions) Self Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk, Sean <hr/> Contributor address; City; State; Zip Code Bellingham, WA 98225-5820	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Writer		Employer (See Instructions) Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirk, Sean <hr/> Contributor address; City; State; Zip Code Bellingham, WA 98225-5820	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Writer		Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klancher, Stephen <hr/> Contributor address; City; State; Zip Code Coto De Caza, CA 92679-4920	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Technical Support		Employer (See Instructions) Kofax
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klancher, Stephen <hr/> Contributor address; City; State; Zip Code Coto De Caza, CA 92679-4920	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Technical Support		Employer (See Instructions) Kofax

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 534/1229 Rpt: 537/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klancher, Stephen <hr/> 6 Contributor address; City; State; Zip Code Coto De Caza, CA 92679-4920	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Technical Support		9 Employer (See Instructions) Kofax
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klancher, Stephen <hr/> Contributor address; City; State; Zip Code Coto De Caza, CA 92679-4920	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Technical Support		Employer (See Instructions) Kofax
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klancher, Stephen <hr/> Contributor address; City; State; Zip Code Coto De Caza, CA 92679-4920	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Technical Support		Employer (See Instructions) Kofax
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klancher, Stephen <hr/> Contributor address; City; State; Zip Code Coto De Caza, CA 92679-4920	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Technical Support		Employer (See Instructions) Kofax
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleeman, Jan <hr/> Contributor address; City; State; Zip Code Salisbury, CT 06068-7701	Amount of Contribution (\$) \$100.00
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: 535/1229 Rpt: 538/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleeman, Jan	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Salisbury, CT 06068-7701		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleeman, Jan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Salisbury, CT 06068-7701		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleiman, Steven	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Atherton, CA 94027-6428		
Principal occupation / Job title (See Instructions) Senior Vice President		Employer (See Instructions) NetApp Inc
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleiner, Judith	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code New York, NY 10022-6534		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleiner, Judith	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code New York, NY 10022-6534		
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: 536/1229 Rpt: 539/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleiner, Judith <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10022-6534	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleiner, Judith <hr/> Contributor address; City; State; Zip Code New York, NY 10022-6534	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleiner, Judith <hr/> Contributor address; City; State; Zip Code New York, NY 10022-6534	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleiner, Judith <hr/> Contributor address; City; State; Zip Code New York, NY 10022-6534	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kline, Karl <hr/> Contributor address; City; State; Zip Code Cochranville, PA 19330-1041	Amount of Contribution (\$) \$500.00
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: 537/1229 Rpt: 540/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knapp, Denise <hr/> 6 Contributor address; City; State; Zip Code Kerrville, TX 78028-1766	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Foreign Service Officer		9 Employer (See Instructions) U.S. Department of the State
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knapp, Denise <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028-1766	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Foreign Service Officer		Employer (See Instructions) U.S. Department of the State
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knapp, Denise <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028-1766	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Foreign Service Officer		Employer (See Instructions) U.S. Department of the State
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knapp, Denise <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028-1766	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Foreign Service Officer		Employer (See Instructions) U.S. Department of the State
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knapp, Denise <hr/> Contributor address; City; State; Zip Code Kerrville, TX 78028-1766	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Foreign Service Officer		Employer (See Instructions) U.S. Department of the State

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 538/1229 Rpt: 541/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knapp, Denise <hr/> 6 Contributor address; City; State; Zip Code Kerrville, TX 78028-1766	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Foreign Service Officer		9 Employer (See Instructions) U.S. Department of the State
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knaster, Barbara <hr/> Contributor address; City; State; Zip Code Campbell, CA 95008-6051	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knaster, Barbara <hr/> Contributor address; City; State; Zip Code Campbell, CA 95008-6051	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knaster, Barbara <hr/> Contributor address; City; State; Zip Code Campbell, CA 95008-6051	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knaster, Barbara <hr/> Contributor address; City; State; Zip Code Campbell, CA 95008-6051	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: 539/1229 Rpt: 542/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knaster, Barbara <hr/> 6 Contributor address; City; State; Zip Code Campbell, CA 95008-6051	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knaster, Barbara <hr/> Contributor address; City; State; Zip Code Campbell, CA 95008-6051	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Renee <hr/> Contributor address; City; State; Zip Code Madison, WI 53711-2007	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Bradshaw Knight Foundation
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Renee <hr/> Contributor address; City; State; Zip Code Madison, WI 53711-2007	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Bradshaw Knight Foundation
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Renee <hr/> Contributor address; City; State; Zip Code Madison, WI 53711-2007	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Bradshaw Knight Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 540/1229 Rpt: 543/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Renee <hr/> 6 Contributor address; City; State; Zip Code Madison, WI 53711-2007	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) Bradshaw Knight Foundation
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Renee <hr/> Contributor address; City; State; Zip Code Madison, WI 53711-2007	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Bradshaw Knight Foundation
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Knight, Renee <hr/> Contributor address; City; State; Zip Code Madison, WI 53711-2007	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Bradshaw Knight Foundation
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koblenz, Esther <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20901-2032	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koblenz, Esther <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20901-2032	Amount of Contribution (\$) \$50.00
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: 541/1229 Rpt: 544/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koch, Jeremy <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10007-1049	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Media Entrepreneur		9 Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koch, Jeremy <hr/> Contributor address; City; State; Zip Code New York, NY 10007-1049	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Media Entrepreneur		Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koch, Jeremy <hr/> Contributor address; City; State; Zip Code New York, NY 10007-1049	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Media Entrepreneur		Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koch, Jeremy <hr/> Contributor address; City; State; Zip Code New York, NY 10007-1049	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Media Entrepreneur		Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koch, Jeremy <hr/> Contributor address; City; State; Zip Code New York, NY 10007-1049	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Media Entrepreneur		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: 542/1229 Rpt: 545/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koch, Jeremy <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10007-1049	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Media Entrepreneur		9 Employer (See Instructions) Self Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koeberl, Dwight <hr/> Contributor address; City; State; Zip Code Durham, NC 27715-2152	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Duke University
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koeberl, Dwight <hr/> Contributor address; City; State; Zip Code Durham, NC 27715-2152	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Duke University
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koeberl, Dwight <hr/> Contributor address; City; State; Zip Code Durham, NC 27715-2152	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Duke University
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koeberl, Dwight <hr/> Contributor address; City; State; Zip Code Durham, NC 27715-2152	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Duke University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 543/1229 Rpt: 546/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koeberl, Dwight <hr/> 6 Contributor address; City; State; Zip Code Durham, NC 27715-2152	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Duke University
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korneitchouk, Ursula <hr/> Contributor address; City; State; Zip Code Cleveland Heights, OH 44106-2735	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korneitchouk, Ursula <hr/> Contributor address; City; State; Zip Code Cleveland Heights, OH 44106-2735	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korneitchouk, Ursula <hr/> Contributor address; City; State; Zip Code Cleveland Heights, OH 44106-2735	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korneitchouk, Ursula <hr/> Contributor address; City; State; Zip Code Cleveland Heights, OH 44106-2735	Amount of Contribution (\$) \$10.00
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: 544/1229 Rpt: 547/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korneitchouk, Ursula <hr/> 6 Contributor address; City; State; Zip Code Cleveland Heights, OH 44106-2735	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korneitchouk, Ursula <hr/> Contributor address; City; State; Zip Code Cleveland Heights, OH 44106-2735	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korneitchouk, Ursula <hr/> Contributor address; City; State; Zip Code Cleveland Heights, OH 44106-2735	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korneitchouk, Ursula <hr/> Contributor address; City; State; Zip Code Cleveland Heights, OH 44106-2735	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korneitchouk, Ursula <hr/> Contributor address; City; State; Zip Code Cleveland Heights, OH 44106-2735	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: 545/1229 Rpt: 548/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korneitchouk, Ursula <hr/> 6 Contributor address; City; State; Zip Code Cleveland Heights, OH 44106-2735	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korneitchouk, Ursula <hr/> Contributor address; City; State; Zip Code Cleveland Heights, OH 44106-2735	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Korneitchouk, Ursula <hr/> Contributor address; City; State; Zip Code Cleveland Heights, OH 44106-2735	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kosman, Jacob <hr/> Contributor address; City; State; Zip Code Seattle, WA 98125-6551	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kosman, Jacob <hr/> Contributor address; City; State; Zip Code Seattle, WA 98125-6551	Amount of Contribution (\$) \$10.00
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: 546/1229 Rpt: 549/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kosman, Jacob <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98125-6551	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kosman, Jacob <hr/> Contributor address; City; State; Zip Code Seattle, WA 98125-6551	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kosman, Jacob <hr/> Contributor address; City; State; Zip Code Seattle, WA 98125-6551	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kosman, Jacob <hr/> Contributor address; City; State; Zip Code Seattle, WA 98125-6551	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kosman, Jacob <hr/> Contributor address; City; State; Zip Code Seattle, WA 98125-6551	Amount of Contribution (\$) \$10.00
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: 547/1229 Rpt: 550/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kosman, Jacob <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98125-6551	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kosman, Jacob <hr/> Contributor address; City; State; Zip Code Seattle, WA 98125-6551	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kosman, Jacob <hr/> Contributor address; City; State; Zip Code Seattle, WA 98125-6551	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kosman, Jacob <hr/> Contributor address; City; State; Zip Code Seattle, WA 98125-6551	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kosman, Jacob <hr/> Contributor address; City; State; Zip Code Seattle, WA 98125-6551	Amount of Contribution (\$) \$10.00
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: 548/1229 Rpt: 551/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kramarsky, Laura <hr/> 6 Contributor address; City; State; Zip Code Mount Kisco, NY 10549-4007	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Self Employed
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kramarsky, Laura <hr/> Contributor address; City; State; Zip Code Mount Kisco, NY 10549-4007	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kramarsky, Laura <hr/> Contributor address; City; State; Zip Code Mount Kisco, NY 10549-4007	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kramarsky, Laura <hr/> Contributor address; City; State; Zip Code Mount Kisco, NY 10549-4007	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kramarsky, Laura <hr/> Contributor address; City; State; Zip Code Mount Kisco, NY 10549-4007	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer		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: 549/1229 Rpt: 552/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kramarsky, Laura <hr/> 6 Contributor address; City; State; Zip Code Mount Kisco, NY 10549-4007	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Self Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreher, Mark <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90405-3525	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreher, Mark <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90405-3525	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreher, Mark <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90405-3525	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreher, Mark <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90405-3525	Amount of Contribution (\$) \$100.00
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: 550/1229 Rpt: 553/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreher, Mark <hr/> 6 Contributor address; City; State; Zip Code Santa Monica, CA 90405-3525	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreher, Mark <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90405-3525	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreher, Mark <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90405-3525	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreher, Mark <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90405-3525	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreher, Mark <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90405-3525	Amount of Contribution (\$) \$100.00
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: 551/1229 Rpt: 554/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreher, Mark <hr/> 6 Contributor address; City; State; Zip Code Santa Monica, CA 90405-3525	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreher, Mark <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90405-3525	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kreher, Mark <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90405-3525	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kress, Eric <hr/> Contributor address; City; State; Zip Code Missoula, MT 59803-1504	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Western Montana Clinic
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kress, Eric <hr/> Contributor address; City; State; Zip Code Missoula, MT 59803-1504	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Western Montana Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 552/1229 Rpt: 555/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kress, Eric <hr/> 6 Contributor address; City; State; Zip Code Missoula, MT 59803-1504	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Western Montana Clinic
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kress, Eric <hr/> Contributor address; City; State; Zip Code Missoula, MT 59803-1504	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Western Montana Clinic
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kress, Eric <hr/> Contributor address; City; State; Zip Code Missoula, MT 59803-1504	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Western Montana Clinic
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kress, Eric <hr/> Contributor address; City; State; Zip Code Missoula, MT 59803-1504	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Western Montana Clinic
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kress, Eric <hr/> Contributor address; City; State; Zip Code Missoula, MT 59803-1504	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Western Montana Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 553/1229 Rpt: 556/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kress, Eric <hr/> 6 Contributor address; City; State; Zip Code Missoula, MT 59803-1504	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Western Montana Clinic
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kress, Eric <hr/> Contributor address; City; State; Zip Code Missoula, MT 59803-1504	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Western Montana Clinic
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kress, Eric <hr/> Contributor address; City; State; Zip Code Missoula, MT 59803-1504	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Doctor		Employer (See Instructions) Western Montana Clinic
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroll, Kristen <hr/> Contributor address; City; State; Zip Code Saint Louis, MO 63146-5300	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Associate Professor		Employer (See Instructions) Washington University
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroll, Kristen <hr/> Contributor address; City; State; Zip Code Saint Louis, MO 63146-5300	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Associate Professor		Employer (See Instructions) Washington University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 554/1229 Rpt: 557/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroll, Kristen <hr/> 6 Contributor address; City; State; Zip Code Saint Louis, MO 63146-5300	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Associate Professor		9 Employer (See Instructions) Washington University
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroll, Kristen <hr/> Contributor address; City; State; Zip Code Saint Louis, MO 63146-5300	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Associate Professor		Employer (See Instructions) Washington University
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroll, Kristen <hr/> Contributor address; City; State; Zip Code Saint Louis, MO 63146-5300	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Associate Professor		Employer (See Instructions) Washington University
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kroll, Kristen <hr/> Contributor address; City; State; Zip Code Saint Louis, MO 63146-5300	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Associate Professor		Employer (See Instructions) Washington University
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubo, Joyce <hr/> Contributor address; City; State; Zip Code Fountain Valley, CA 92708-6827	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) The Boeing Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 555/1229 Rpt: 558/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubo, Joyce	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Fountain Valley, CA 92708-6827		
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) The Boeing Company
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubo, Joyce	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Fountain Valley, CA 92708-6827		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) The Boeing Company
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubo, Joyce	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Fountain Valley, CA 92708-6827		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) The Boeing Company
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubo, Joyce	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Fountain Valley, CA 92708-6827		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) The Boeing Company
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubo, Joyce	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Fountain Valley, CA 92708-6827		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) The Boeing Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 556/1229 Rpt: 559/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Barbara I.	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Oshkosh, WI 54901-4306	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumkli, Konrad	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Longmont, CO 80504-1558	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumkli, Konrad	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Longmont, CO 80504-1558	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumkli, Konrad	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Longmont, CO 80504-1558	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumkli, Konrad	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Longmont, CO 80504-1558	
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: 557/1229 Rpt: 560/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumkli, Konrad <hr/> 6 Contributor address; City; State; Zip Code Longmont, CO 80504-1558	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumkli, Konrad <hr/> Contributor address; City; State; Zip Code Longmont, CO 80504-1558	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Labrosse, Wynnette <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94301-2326	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lai, David <hr/> Contributor address; City; State; Zip Code Chicago, IL 60629-4825	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lai, David <hr/> Contributor address; City; State; Zip Code Chicago, IL 60629-4825	Amount of Contribution (\$) \$50.00
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: 558/1229 Rpt: 561/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lai, David <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60629-4825	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lai, David <hr/> Contributor address; City; State; Zip Code Chicago, IL 60629-4825	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lai, David <hr/> Contributor address; City; State; Zip Code Chicago, IL 60629-4825	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lai, David <hr/> Contributor address; City; State; Zip Code Chicago, IL 60629-4825	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lakatos, Edward <hr/> Contributor address; City; State; Zip Code Croton On Hudson, NY 10520-2418	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Biostatistician		Employer (See Instructions) Biostathaven Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 559/1229 Rpt: 562/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lakatos, Edward <hr/> 6 Contributor address; City; State; Zip Code Croton On Hudson, NY 10520-2418	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Biostatistician		9 Employer (See Instructions) Biostathaven Inc
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lakatos, Edward <hr/> Contributor address; City; State; Zip Code Croton On Hudson, NY 10520-2418	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Biostatistician		Employer (See Instructions) Biostathaven Inc
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lakatos, Edward <hr/> Contributor address; City; State; Zip Code Croton On Hudson, NY 10520-2418	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Biostatistician		Employer (See Instructions) Biostathaven Inc
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lake, Jerry S. <hr/> Contributor address; City; State; Zip Code San Diego, CA 92109-2015	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamm, Steven <hr/> Contributor address; City; State; Zip Code Washington, DC 20016-3720	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) Med Epi		Employer (See Instructions) CEOH

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 560/1229 Rpt: 563/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamm, Steven	7 Amount of Contribution (\$) \$36.00
6 Contributor address; City; State; Zip Code Washington, DC 20016-3720		
8 Principal occupation / Job title (See Instructions) Med Epi		9 Employer (See Instructions) CEOH
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamm, Steven	Amount of Contribution (\$) \$72.00
Contributor address; City; State; Zip Code Washington, DC 20016-3720		
Principal occupation / Job title (See Instructions) Med Epi		Employer (See Instructions) CEOH
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamm, Steven	Amount of Contribution (\$) \$36.00
Contributor address; City; State; Zip Code Washington, DC 20016-3720		
Principal occupation / Job title (See Instructions) Med Epi		Employer (See Instructions) CEOH
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamm, Steven	Amount of Contribution (\$) \$18.00
Contributor address; City; State; Zip Code Washington, DC 20016-3720		
Principal occupation / Job title (See Instructions) Med Epi		Employer (See Instructions) CEOH
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamm, Steven	Amount of Contribution (\$) \$36.00
Contributor address; City; State; Zip Code Washington, DC 20016-3720		
Principal occupation / Job title (See Instructions) Med Epi		Employer (See Instructions) CEOH

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 561/1229 Rpt: 564/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamm, Steven	7 Amount of Contribution (\$) \$36.00
6 Contributor address; City; State; Zip Code Washington, DC 20016-3720		
8 Principal occupation / Job title (See Instructions) Med Epi		9 Employer (See Instructions) CEOH
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamm, Steven	Amount of Contribution (\$) \$36.00
Contributor address; City; State; Zip Code Washington, DC 20016-3720		
Principal occupation / Job title (See Instructions) Med Epi		Employer (See Instructions) CEOH
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lander, Gregory	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Peabody, MA 01960-3635		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Skipping Stone
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lander, Gregory	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Peabody, MA 01960-3635		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Skipping Stone
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lander, Gregory	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Peabody, MA 01960-3635		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Skipping Stone

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 562/1229 Rpt: 565/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lander, Gregory <hr/> 6 Contributor address; City; State; Zip Code Peabody, MA 01960-3635	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Skipping Stone
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lander, Gregory <hr/> Contributor address; City; State; Zip Code Peabody, MA 01960-3635	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Skipping Stone
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lander, Gregory <hr/> Contributor address; City; State; Zip Code Peabody, MA 01960-3635	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Skipping Stone
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landreau, John <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19130-3134	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) The College of New Jersey
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landreau, John <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19130-3134	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) The College of New Jersey

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 563/1229 Rpt: 566/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landreau, John <hr/> 6 Contributor address; City; State; Zip Code Philadelphia, PA 19130-3134	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) The College of New Jersey
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landreau, John <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19130-3134	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) The College of New Jersey
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landreau, John <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19130-3134	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) The College of New Jersey
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lappin, Richard <hr/> Contributor address; City; State; Zip Code Newton, MA 02459-3300	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larocca, Robert <hr/> Contributor address; City; State; Zip Code San Jose, CA 95129-3816	Amount of Contribution (\$) \$100.00
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: 564/1229 Rpt: 567/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larsen, Ylene <hr/> 6 Contributor address; City; State; Zip Code Naples, FL 34102-8028	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larsen, Ylene <hr/> Contributor address; City; State; Zip Code Naples, FL 34102-8028	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larsen, Ylene <hr/> Contributor address; City; State; Zip Code Naples, FL 34102-8028	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larsen, Ylene <hr/> Contributor address; City; State; Zip Code Naples, FL 34102-8028	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laster, Dorothea <hr/> Contributor address; City; State; Zip Code Corinth, TX 76210-2647	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hopkins-Laster Law Office

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 565/1229 Rpt: 568/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laster, Dorothea <hr/> 6 Contributor address; City; State; Zip Code Corinth, TX 76210-2647	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Hopkins-Laster Law Office
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latane, Bibb <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516-2923	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latane, Bibb <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516-2923	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latane, Bibb <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516-2923	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latane, Bibb <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516-2923	Amount of Contribution (\$) \$50.00
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: 566/1229 Rpt: 569/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latane, Bibb <hr/> 6 Contributor address; City; State; Zip Code Chapel Hill, NC 27516-2923	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Latane, Bibb <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516-2923	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lau, Linda <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94110-4407	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Healthcare Professional		Employer (See Instructions) DAAS
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavine, Miriam <hr/> Contributor address; City; State; Zip Code Jersey City, NJ 07302-1920	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Carepoint Health
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavine, Miriam <hr/> Contributor address; City; State; Zip Code Jersey City, NJ 07302-1920	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Carepoint Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 567/1229 Rpt: 570/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavine, Miriam <hr/> 6 Contributor address; City; State; Zip Code Jersey City, NJ 07302-1920	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Social Worker		9 Employer (See Instructions) Carepoint Health
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavine, Miriam <hr/> Contributor address; City; State; Zip Code Jersey City, NJ 07302-1920	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Carepoint Health
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lavine, Miriam <hr/> Contributor address; City; State; Zip Code Jersey City, NJ 07302-1920	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Carepoint Health
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law, Wenwei <hr/> Contributor address; City; State; Zip Code Glendale, CA 91208-1138	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law, Wenwei <hr/> Contributor address; City; State; Zip Code Glendale, CA 91208-1138	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: 568/1229 Rpt: 571/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law, Wenwei <hr/> 6 Contributor address; City; State; Zip Code Glendale, CA 91208-1138	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law, Wenwei <hr/> Contributor address; City; State; Zip Code Glendale, CA 91208-1138	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law, Wenwei <hr/> Contributor address; City; State; Zip Code Glendale, CA 91208-1138	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Law, Wenwei <hr/> Contributor address; City; State; Zip Code Glendale, CA 91208-1138	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Carol <hr/> Contributor address; City; State; Zip Code Virginia Beach, VA 23453-3529	Amount of Contribution (\$) \$20.00
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: 569/1229 Rpt: 572/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Carol <hr/> 6 Contributor address; City; State; Zip Code Virginia Beach, VA 23453-3529	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Carol <hr/> Contributor address; City; State; Zip Code Virginia Beach, VA 23453-3529	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Carol <hr/> Contributor address; City; State; Zip Code Virginia Beach, VA 23453-3529	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Carol <hr/> Contributor address; City; State; Zip Code Virginia Beach, VA 23453-3529	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, Carol <hr/> Contributor address; City; State; Zip Code Virginia Beach, VA 23453-3529	Amount of Contribution (\$) \$20.00
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: 570/1229 Rpt: 573/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawrence, William <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11217-3924	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leachman, John <hr/> Contributor address; City; State; Zip Code Midway City, CA 92655-1266	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leachman, John <hr/> Contributor address; City; State; Zip Code Midway City, CA 92655-1266	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leachman, John <hr/> Contributor address; City; State; Zip Code Midway City, CA 92655-1266	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leachman, John <hr/> Contributor address; City; State; Zip Code Midway City, CA 92655-1266	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: 571/1229 Rpt: 574/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leachman, John <hr/> 6 Contributor address; City; State; Zip Code Midway City, CA 92655-1266	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leachman, John <hr/> Contributor address; City; State; Zip Code Midway City, CA 92655-1266	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leafhopper, George <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94702-1908	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leahy, Michael <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) American International Group
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leahy, Michael <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) American International Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 572/1229 Rpt: 575/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leahy, Michael <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) American International Group
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leahy, Michael <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) American International Group
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leahy, Michael <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) American International Group
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leahy, Michael <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) American International Group
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leake, Joan <hr/> Contributor address; City; State; Zip Code New York, NY 10024-6446	Amount of Contribution (\$) \$150.00
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: 573/1229 Rpt: 576/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, John <hr/> 6 Contributor address; City; State; Zip Code Arlington, VA 22201-2358	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Kenna <hr/> Contributor address; City; State; Zip Code Sebastopol, CA 95472-5042	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) St Joseph Hospice
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Kenna <hr/> Contributor address; City; State; Zip Code Sebastopol, CA 95472-5042	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) St Joseph Hospice
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Kenna <hr/> Contributor address; City; State; Zip Code Sebastopol, CA 95472-5042	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) St Joseph Hospice
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Kenna <hr/> Contributor address; City; State; Zip Code Sebastopol, CA 95472-5042	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) St Joseph Hospice

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 574/1229 Rpt: 577/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Kenna <hr/> 6 Contributor address; City; State; Zip Code Sebastopol, CA 95472-5042	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions) St Joseph Hospice
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Kenna <hr/> Contributor address; City; State; Zip Code Sebastopol, CA 95472-5042	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) St Joseph Hospice
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leege, Brad <hr/> Contributor address; City; State; Zip Code Madison, WI 53711-1653	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Simple Finance
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leege, Brad <hr/> Contributor address; City; State; Zip Code Madison, WI 53711-1653	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Simple Finance
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leege, Brad <hr/> Contributor address; City; State; Zip Code Madison, WI 53711-1653	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Simple Finance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 575/1229 Rpt: 578/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leeper, Miki <hr/> 6 Contributor address; City; State; Zip Code Winchester, VA 22603-3883	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leeper, Miki <hr/> Contributor address; City; State; Zip Code Winchester, VA 22603-3883	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leeper, Miki <hr/> Contributor address; City; State; Zip Code Winchester, VA 22603-3883	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leeper, Miki <hr/> Contributor address; City; State; Zip Code Winchester, VA 22603-3883	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leeper, Miki <hr/> Contributor address; City; State; Zip Code Winchester, VA 22603-3883	Amount of Contribution (\$) \$50.00
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: 576/1229 Rpt: 579/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leeper, Miki <hr/> 6 Contributor address; City; State; Zip Code Winchester, VA 22603-3883	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leffert, James <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02138-1934	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions) Self Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leffert, James <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02138-1934	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions) Self Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leffert, James <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02138-1934	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leffert, James <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02138-1934	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		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: 577/1229 Rpt: 580/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leffert, James <hr/> 6 Contributor address; City; State; Zip Code Cambridge, MA 02138-1934	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Licensed Psychologist		9 Employer (See Instructions) Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leffert, James <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02138-1934	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Licensed Psychologist		Employer (See Instructions) Self Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leitner, Christine A. <hr/> Contributor address; City; State; Zip Code Milwaukee, WI 53219-1209	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leitner, Christine A. <hr/> Contributor address; City; State; Zip Code Milwaukee, WI 53219-1209	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leitner, Christine A. <hr/> Contributor address; City; State; Zip Code Milwaukee, WI 53219-1209	Amount of Contribution (\$) \$19.00
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: 578/1229 Rpt: 581/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leitner, Christine A. <hr/> 6 Contributor address; City; State; Zip Code Milwaukee, WI 53219-1209	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leitner, Christine A. <hr/> Contributor address; City; State; Zip Code Milwaukee, WI 53219-1209	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leitner, Christine A. <hr/> Contributor address; City; State; Zip Code Milwaukee, WI 53219-1209	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemkin, Susan <hr/> Contributor address; City; State; Zip Code Washington, DC 20015-1850	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Certified Public Accountant		Employer (See Instructions) Self Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonardo, Leonardo <hr/> Contributor address; City; State; Zip Code Corona, NY 11368-4402	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Horizon Blue Cross Blue Shield

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 579/1229 Rpt: 582/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lerman, Leslie <hr/> 6 Contributor address; City; State; Zip Code Scottsdale, AZ 85258-3419	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Premier Food
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lettieri, Carolyn A. <hr/> Contributor address; City; State; Zip Code Colchester, VT 05446-9529	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lettieri, Carolyn A. <hr/> Contributor address; City; State; Zip Code Colchester, VT 05446-9529	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levian, Lauren <hr/> Contributor address; City; State; Zip Code Wilmington, NC 28405-2934	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levian, Lauren <hr/> Contributor address; City; State; Zip Code Wilmington, NC 28405-2934	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: 580/1229 Rpt: 583/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levian, Lauren <hr/> 6 Contributor address; City; State; Zip Code Wilmington, NC 28405-2934	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levian, Lauren <hr/> Contributor address; City; State; Zip Code Wilmington, NC 28405-2934	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levian, Lauren <hr/> Contributor address; City; State; Zip Code Wilmington, NC 28405-2934	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levian, Lauren <hr/> Contributor address; City; State; Zip Code Wilmington, NC 28405-2934	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Karen <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Records Manager		Employer (See Instructions) The Elfran LP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 581/1229 Rpt: 584/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Karen	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359		
8 Principal occupation / Job title (See Instructions) Records Manager		9 Employer (See Instructions) The Elfran LP
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Karen	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359		
Principal occupation / Job title (See Instructions) Records Manager		Employer (See Instructions) The Elfran LP
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Karen	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359		
Principal occupation / Job title (See Instructions) Records Manager		Employer (See Instructions) The Elfran LP
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Karen	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359		
Principal occupation / Job title (See Instructions) Records Manager		Employer (See Instructions) The Elfran LP
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Karen	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359		
Principal occupation / Job title (See Instructions) Records Manager		Employer (See Instructions) The Elfran LP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 582/1229 Rpt: 585/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, James <hr/> 6 Contributor address; City; State; Zip Code Newark, DE 19711-5127	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Leslie <hr/> Contributor address; City; State; Zip Code Westfield, NJ 07090-4002	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Leslie <hr/> Contributor address; City; State; Zip Code Westfield, NJ 07090-4002	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Leslie <hr/> Contributor address; City; State; Zip Code Westfield, NJ 07090-4002	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Leslie <hr/> Contributor address; City; State; Zip Code Westfield, NJ 07090-4002	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: 583/1229 Rpt: 586/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Leslie <hr/> 6 Contributor address; City; State; Zip Code Westfield, NJ 07090-4002	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Leslie <hr/> Contributor address; City; State; Zip Code Westfield, NJ 07090-4002	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Robin <hr/> Contributor address; City; State; Zip Code Goleta, CA 93117-2476	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) City of Santa Barbara CA
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Robin <hr/> Contributor address; City; State; Zip Code Goleta, CA 93117-2476	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) City of Santa Barbara CA
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Robin <hr/> Contributor address; City; State; Zip Code Goleta, CA 93117-2476	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) City of Santa Barbara CA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 584/1229 Rpt: 587/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Robin <hr/> 6 Contributor address; City; State; Zip Code Goleta, CA 93117-2476	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) City of Santa Barbara CA
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Robin <hr/> Contributor address; City; State; Zip Code Goleta, CA 93117-2476	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) City of Santa Barbara CA
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Robin <hr/> Contributor address; City; State; Zip Code Goleta, CA 93117-2476	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) City of Santa Barbara CA
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ley, Chris <hr/> Contributor address; City; State; Zip Code Bremerton, WA 98312-4309	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Weaver Foundation
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ley, Chris <hr/> Contributor address; City; State; Zip Code Bremerton, WA 98312-4309	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Weaver Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 585/1229 Rpt: 588/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ley, Chris <hr/> 6 Contributor address; City; State; Zip Code Bremerton, WA 98312-4309	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Supervisor		9 Employer (See Instructions) Weaver Foundation
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ley, Chris <hr/> Contributor address; City; State; Zip Code Bremerton, WA 98312-4309	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Weaver Foundation
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ley, Chris <hr/> Contributor address; City; State; Zip Code Bremerton, WA 98312-4309	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Weaver Foundation
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ley, Chris <hr/> Contributor address; City; State; Zip Code Bremerton, WA 98312-4309	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Weaver Foundation
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lichtenstein, Mark <hr/> Contributor address; City; State; Zip Code New York, NY 10016-9228	Amount of Contribution (\$) \$100.00
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: 586/1229 Rpt: 589/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liebeskind, Julia	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Falls Church, VA 22046-2906		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liebeskind, Julia	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Falls Church, VA 22046-2906		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liebeskind, Julia	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Falls Church, VA 22046-2906		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liebeskind, Julia	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Falls Church, VA 22046-2906		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liebeskind, Julia	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Falls Church, VA 22046-2906		
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: 587/1229 Rpt: 590/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liebeskind, Julia <hr/> 6 Contributor address; City; State; Zip Code Falls Church, VA 22046-2906	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Light, Neil <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95403-1014	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Light, Neil <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95403-1014	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Light, Neil <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95403-1014	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Light, Neil <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95403-1014	Amount of Contribution (\$) \$20.20
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: 588/1229 Rpt: 591/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Light, Neil <hr/> 6 Contributor address; City; State; Zip Code Santa Rosa, CA 95403-1014	7 Amount of Contribution (\$) \$20.20
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Light, Neil <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95403-1014	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lin, Lynn <hr/> Contributor address; City; State; Zip Code Winnetka, CA 91306-2321	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Health Benefits Consultant		Employer (See Instructions) Segal Consultant
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lin, Lynn <hr/> Contributor address; City; State; Zip Code Winnetka, CA 91306-2321	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Health Benefits Consultant		Employer (See Instructions) Segal Consultant
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lin, Lynn <hr/> Contributor address; City; State; Zip Code Winnetka, CA 91306-2321	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Health Benefits Consultant		Employer (See Instructions) Segal Consultant

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 589/1229 Rpt: 592/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lin, Lynn <hr/> 6 Contributor address; City; State; Zip Code Winnetka, CA 91306-2321	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Health Benefits Consultant		9 Employer (See Instructions) Segal Consultant
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lin, Lynn <hr/> Contributor address; City; State; Zip Code Winnetka, CA 91306-2321	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Health Benefits Consultant		Employer (See Instructions) Segal Consultant
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lin, Lynn <hr/> Contributor address; City; State; Zip Code Winnetka, CA 91306-2321	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Health Benefits Consultant		Employer (See Instructions) Segal Consultant
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lin, Yuwen <hr/> Contributor address; City; State; Zip Code Longmont, CO 80503-4100	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Seagate Technology
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lin, Yuwen <hr/> Contributor address; City; State; Zip Code Longmont, CO 80503-4100	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Seagate Technology

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 590/1229 Rpt: 593/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lin, Yuwen <hr/> 6 Contributor address; City; State; Zip Code Longmont, CO 80503-4100	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Seagate Technology
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lin, Yuwen <hr/> Contributor address; City; State; Zip Code Longmont, CO 80503-4100	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Seagate Technology
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lin, Yuwen <hr/> Contributor address; City; State; Zip Code Longmont, CO 80503-4100	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Seagate Technology
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindsay, Ellyn M <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90034-1022	Amount of Contribution (\$) \$25,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of California
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipe, William <hr/> Contributor address; City; State; Zip Code Moscow, ID 83843-9761	Amount of Contribution (\$) \$200.00
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: 591/1229 Rpt: 594/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipe, William <hr/> 6 Contributor address; City; State; Zip Code Moscow, ID 83843-9761	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lipe, William <hr/> Contributor address; City; State; Zip Code Moscow, ID 83843-9761	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Little, Darlene <hr/> Contributor address; City; State; Zip Code Cypress, CA 90630-3880	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Cypress College
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Little, Darlene <hr/> Contributor address; City; State; Zip Code Cypress, CA 90630-3880	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Cypress College
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Little, Darlene <hr/> Contributor address; City; State; Zip Code Cypress, CA 90630-3880	Amount of Contribution (\$) \$29.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Cypress College

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 592/1229 Rpt: 595/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Little, Darlene	7 Amount of Contribution (\$) \$29.00
6 Contributor address; City; State; Zip Code Cypress, CA 90630-3880		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Cypress College
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Little, Darlene	Amount of Contribution (\$) \$29.00
Contributor address; City; State; Zip Code Cypress, CA 90630-3880		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Cypress College
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Little, Darlene	Amount of Contribution (\$) \$29.00
Contributor address; City; State; Zip Code Cypress, CA 90630-3880		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Cypress College
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littleton, Bonnie	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Vancouver, WA 98684-0830		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littleton, Bonnie	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Vancouver, WA 98684-0830		
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: 593/1229 Rpt: 596/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littleton, Bonnie <hr/> 6 Contributor address; City; State; Zip Code Vancouver, WA 98684-0830	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littleton, Bonnie <hr/> Contributor address; City; State; Zip Code Vancouver, WA 98684-0830	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littleton, Bonnie <hr/> Contributor address; City; State; Zip Code Vancouver, WA 98684-0830	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Littleton, Bonnie <hr/> Contributor address; City; State; Zip Code Vancouver, WA 98684-0830	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lo, William <hr/> Contributor address; City; State; Zip Code Belmont, CA 94002-3616	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) NVIDIA Corporation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 594/1229 Rpt: 597/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lo, William <hr/> 6 Contributor address; City; State; Zip Code Belmont, CA 94002-3616	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) NVIDIA Corporation
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lo, William <hr/> Contributor address; City; State; Zip Code Belmont, CA 94002-3616	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) NVIDIA Corporation
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lo, William <hr/> Contributor address; City; State; Zip Code Belmont, CA 94002-3616	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) NVIDIA Corporation
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lo, William <hr/> Contributor address; City; State; Zip Code Belmont, CA 94002-3616	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) NVIDIA Corporation
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lo, William <hr/> Contributor address; City; State; Zip Code Belmont, CA 94002-3616	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) NVIDIA Corporation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 595/1229 Rpt: 598/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locklin, Barbara <hr/> 6 Contributor address; City; State; Zip Code Silver Spring, MD 20902-1331	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) United Mine Workers of America
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locklin, Barbara <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20902-1331	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) United Mine Workers of America
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locklin, Barbara <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20902-1331	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) United Mine Workers of America
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locklin, Barbara <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20902-1331	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) United Mine Workers of America
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locklin, Barbara <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20902-1331	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) United Mine Workers of America

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 596/1229 Rpt: 599/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Locklin, Barbara <hr/> 6 Contributor address; City; State; Zip Code Silver Spring, MD 20902-1331	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) United Mine Workers of America
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lodge, Helen <hr/> Contributor address; City; State; Zip Code Richmond, VA 23230-3817	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lodge, Helen <hr/> Contributor address; City; State; Zip Code Richmond, VA 23230-3817	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lodge, Helen <hr/> Contributor address; City; State; Zip Code Richmond, VA 23230-3817	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lodge, Helen <hr/> Contributor address; City; State; Zip Code Richmond, VA 23230-3817	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Psychotherapist		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: 597/1229 Rpt: 600/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lodge, Helen <hr/> 6 Contributor address; City; State; Zip Code Richmond, VA 23230-3817	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Psychotherapist		9 Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lodge, Helen <hr/> Contributor address; City; State; Zip Code Richmond, VA 23230-3817	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loeb, Kathy <hr/> Contributor address; City; State; Zip Code Lexington, KY 40503-2005	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lonergan, Suzi <hr/> Contributor address; City; State; Zip Code Pacific Palisades, CA 90272-2603	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pilates Instructor		Employer (See Instructions) Self Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lonergan, Suzi <hr/> Contributor address; City; State; Zip Code Pacific Palisades, CA 90272-2603	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pilates Instructor		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: 598/1229 Rpt: 601/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lonergan, Suzi <hr/> 6 Contributor address; City; State; Zip Code Pacific Palisades, CA 90272-2603	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Pilates Instructor		9 Employer (See Instructions) Self Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lonergan, Suzi <hr/> Contributor address; City; State; Zip Code Pacific Palisades, CA 90272-2603	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pilates Instructor		Employer (See Instructions) Self Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lonergan, Suzi <hr/> Contributor address; City; State; Zip Code Pacific Palisades, CA 90272-2603	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pilates Instructor		Employer (See Instructions) Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lonergan, Suzi <hr/> Contributor address; City; State; Zip Code Pacific Palisades, CA 90272-2603	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Pilates Instructor		Employer (See Instructions) Self Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Jeffrey <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19803-4202	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Research chemist		Employer (See Instructions) FMC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 599/1229 Rpt: 602/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Lindsay <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008-4338	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Tax Accountant		9 Employer (See Instructions) NextEra Energy
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Lindsay <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-4338	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) NextEra Energy
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Lindsay <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-4338	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) NextEra Energy
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Lindsay <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-4338	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) NextEra Energy
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Lindsay <hr/> Contributor address; City; State; Zip Code Houston, TX 77008-4338	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Tax Accountant		Employer (See Instructions) NextEra Energy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 600/1229 Rpt: 603/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Lindsay <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77008-4338	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Tax Accountant		9 Employer (See Instructions) NextEra Energy
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Rebecca <hr/> Contributor address; City; State; Zip Code Starkville, MS 39759-6343	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Mississippi State University
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Rebecca <hr/> Contributor address; City; State; Zip Code Starkville, MS 39759-6343	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Mississippi State University
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Rebecca <hr/> Contributor address; City; State; Zip Code Starkville, MS 39759-6343	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Mississippi State University
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Rebecca <hr/> Contributor address; City; State; Zip Code Starkville, MS 39759-6343	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Mississippi State University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 601/1229 Rpt: 604/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Rebecca <hr/> 6 Contributor address; City; State; Zip Code Starkville, MS 39759-6343	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Mississippi State University
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Rebecca <hr/> Contributor address; City; State; Zip Code Starkville, MS 39759-6343	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Mississippi State University
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Trisha <hr/> Contributor address; City; State; Zip Code Lutz, FL 33549-6813	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) PATH
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Trisha <hr/> Contributor address; City; State; Zip Code Lutz, FL 33549-6813	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) PATH
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Trisha <hr/> Contributor address; City; State; Zip Code Lutz, FL 33549-6813	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) PATH

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 602/1229 Rpt: 605/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Trisha <hr/> 6 Contributor address; City; State; Zip Code Lutz, FL 33549-6813	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) PATH
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Trisha <hr/> Contributor address; City; State; Zip Code Lutz, FL 33549-6813	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) PATH
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Long, Trisha <hr/> Contributor address; City; State; Zip Code Lutz, FL 33549-6813	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) PATH
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Looney, Michael <hr/> Contributor address; City; State; Zip Code Windsor, CA 95492-7592	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Looney, Michael <hr/> Contributor address; City; State; Zip Code Windsor, CA 95492-7592	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: 603/1229 Rpt: 606/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Looney, Michael <hr/> 6 Contributor address; City; State; Zip Code Windsor, CA 95492-7592	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Looney, Michael <hr/> Contributor address; City; State; Zip Code Windsor, CA 95492-7592	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Looney, Michael <hr/> Contributor address; City; State; Zip Code Windsor, CA 95492-7592	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Looney, Michael <hr/> Contributor address; City; State; Zip Code Windsor, CA 95492-7592	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopresti, Linnea <hr/> Contributor address; City; State; Zip Code Chicago, IL 60614-5510	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Social Worker		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: 604/1229 Rpt: 607/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopresti, Linnea <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60614-5510	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Social Worker		9 Employer (See Instructions) Self Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopresti, Linnea <hr/> Contributor address; City; State; Zip Code Chicago, IL 60614-5510	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Self Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopresti, Linnea <hr/> Contributor address; City; State; Zip Code Chicago, IL 60614-5510	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lopresti, Linnea <hr/> Contributor address; City; State; Zip Code Chicago, IL 60614-5510	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Self Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenzen, Alan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-5925	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Childrens Medical Center-Dallas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 605/1229 Rpt: 608/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenzen, Alan <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75229-5925	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pharmacist		9 Employer (See Instructions) Childrens Medical Center-Dallas
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenzen, Alan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-5925	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Childrens Medical Center-Dallas
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenzen, Alan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-5925	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Childrens Medical Center-Dallas
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenzen, Alan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-5925	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Childrens Medical Center-Dallas
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lorenzen, Alan <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229-5925	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Childrens Medical Center-Dallas

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 606/1229 Rpt: 609/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Losh, David <hr/> 6 Contributor address; City; State; Zip Code Sierra Madre, CA 91024-1910	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Losh, David <hr/> Contributor address; City; State; Zip Code Sierra Madre, CA 91024-1910	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Losh, David <hr/> Contributor address; City; State; Zip Code Sierra Madre, CA 91024-1910	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Losh, David <hr/> Contributor address; City; State; Zip Code Sierra Madre, CA 91024-1910	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Losh, David <hr/> Contributor address; City; State; Zip Code Sierra Madre, CA 91024-1910	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: 607/1229 Rpt: 610/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Losh, David <hr/> 6 Contributor address; City; State; Zip Code Sierra Madre, CA 91024-1910	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Love, Betty <hr/> Contributor address; City; State; Zip Code Columbia, MD 21045-2327	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Love, Betty <hr/> Contributor address; City; State; Zip Code Columbia, MD 21045-2327	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Love, Betty <hr/> Contributor address; City; State; Zip Code Columbia, MD 21045-2327	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Love, Betty <hr/> Contributor address; City; State; Zip Code Columbia, MD 21045-2327	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: 608/1229 Rpt: 611/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Love, Betty <hr/> 6 Contributor address; City; State; Zip Code Columbia, MD 21045-2327	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Love, Betty <hr/> Contributor address; City; State; Zip Code Columbia, MD 21045-2327	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loy, Judith <hr/> Contributor address; City; State; Zip Code Haddonfield, NJ 08033-1055	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loy, Judith <hr/> Contributor address; City; State; Zip Code Haddonfield, NJ 08033-1055	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loy, Judith <hr/> Contributor address; City; State; Zip Code Haddonfield, NJ 08033-1055	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: 609/1229 Rpt: 612/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loy, Judith 6 Contributor address; City; State; Zip Code Haddonfield, NJ 08033-1055	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loy, Judith Contributor address; City; State; Zip Code Haddonfield, NJ 08033-1055	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loy, Judith Contributor address; City; State; Zip Code Haddonfield, NJ 08033-1055	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lu, Felix Contributor address; City; State; Zip Code Chicago, IL 60615-4909	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) University of Wisconsin Madison
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lu, Felix Contributor address; City; State; Zip Code Chicago, IL 60615-4909	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) University of Wisconsin Madison

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 610/1229 Rpt: 613/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lu, Felix <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60615-4909	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) University of Wisconsin Madison
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lu, Felix <hr/> Contributor address; City; State; Zip Code Chicago, IL 60615-4909	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) University of Wisconsin Madison
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lu, Felix <hr/> Contributor address; City; State; Zip Code Chicago, IL 60615-4909	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) University of Wisconsin Madison
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lu, Felix <hr/> Contributor address; City; State; Zip Code Chicago, IL 60615-4909	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) University of Wisconsin Madison
Date 09/01/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ludwig, Eugene <hr/> Contributor address; City; State; Zip Code Washington, DC 20007-1125	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Promontory Financial

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 611/1229 Rpt: 614/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ludwig, Frances	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Lexington, MA 02420-3237		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ludwig, Frances	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Lexington, MA 02420-3237		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ludwig, Frances	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Lexington, MA 02420-3237		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ludwig, Frances	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Lexington, MA 02420-3237		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lush, David	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Mercer Island, WA 98040-2432		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) The Boeing Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 612/1229 Rpt: 615/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lush, David	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Mercer Island, WA 98040-2432		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) The Boeing Company
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lush, David	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Mercer Island, WA 98040-2432		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) The Boeing Company
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lush, David	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Mercer Island, WA 98040-2432		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) The Boeing Company
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lush, David	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Mercer Island, WA 98040-2432		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) The Boeing Company
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lush, David	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Mercer Island, WA 98040-2432		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) The Boeing Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 613/1229 Rpt: 616/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luster, Carl <hr/> 6 Contributor address; City; State; Zip Code San Diego, CA 92115-5326	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) San Diego Community College District
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luster, Carl <hr/> Contributor address; City; State; Zip Code San Diego, CA 92115-5326	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) San Diego Community College District
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luster, Carl <hr/> Contributor address; City; State; Zip Code San Diego, CA 92115-5326	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) San Diego Community College District
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luster, Carl <hr/> Contributor address; City; State; Zip Code San Diego, CA 92115-5326	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) San Diego Community College District
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luster, Carl <hr/> Contributor address; City; State; Zip Code San Diego, CA 92115-5326	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) San Diego Community College District

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 614/1229 Rpt: 617/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luster, Carl <hr/> 6 Contributor address; City; State; Zip Code San Diego, CA 92115-5326	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) San Diego Community College District
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lutes, Elizabeth <hr/> Contributor address; City; State; Zip Code Kettering, OH 45429-1104	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lutes, Elizabeth <hr/> Contributor address; City; State; Zip Code Kettering, OH 45429-1104	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lutes, Elizabeth <hr/> Contributor address; City; State; Zip Code Kettering, OH 45429-1104	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lutes, Elizabeth <hr/> Contributor address; City; State; Zip Code Kettering, OH 45429-1104	Amount of Contribution (\$) \$20.00
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: 615/1229 Rpt: 618/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lutes, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Kettering, OH 45429-1104	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lutes, Elizabeth <hr/> Contributor address; City; State; Zip Code Kettering, OH 45429-1104	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lutz, George <hr/> Contributor address; City; State; Zip Code New Buffalo, MI 49117-9266	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lutz, George <hr/> Contributor address; City; State; Zip Code New Buffalo, MI 49117-9266	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Peter <hr/> Contributor address; City; State; Zip Code Seattle, WA 98144-3042	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Yoga Instructor		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: 616/1229 Rpt: 619/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Peter <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98144-3042	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Yoga Instructor		9 Employer (See Instructions) Self Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Peter <hr/> Contributor address; City; State; Zip Code Seattle, WA 98144-3042	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Yoga Instructor		Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Peter <hr/> Contributor address; City; State; Zip Code Seattle, WA 98144-3042	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Yoga Instructor		Employer (See Instructions) Self Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Peter <hr/> Contributor address; City; State; Zip Code Seattle, WA 98144-3042	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Yoga Instructor		Employer (See Instructions) Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Peter <hr/> Contributor address; City; State; Zip Code Seattle, WA 98144-3042	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Yoga Instructor		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: 617/1229 Rpt: 620/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacDonald, Angus <hr/> 6 Contributor address; City; State; Zip Code Roseville, MN 55113-3829	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of Minnesota Twin Cities
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacDonald, Angus <hr/> Contributor address; City; State; Zip Code Roseville, MN 55113-3829	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Minnesota Twin Cities
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacDonald, Angus <hr/> Contributor address; City; State; Zip Code Roseville, MN 55113-3829	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Minnesota Twin Cities
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacDonald, Angus <hr/> Contributor address; City; State; Zip Code Roseville, MN 55113-3829	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Minnesota Twin Cities
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacDonald, Susan <hr/> Contributor address; City; State; Zip Code Hendersonville, NC 28739-9378	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: 618/1229 Rpt: 621/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacDonald, Susan <hr/> 6 Contributor address; City; State; Zip Code Hendersonville, NC 28739-9378	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacDonald, Susan <hr/> Contributor address; City; State; Zip Code Hendersonville, NC 28739-9378	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacDonald, Susan <hr/> Contributor address; City; State; Zip Code Hendersonville, NC 28739-9378	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacDonald, Susan <hr/> Contributor address; City; State; Zip Code Hendersonville, NC 28739-9378	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacDonald, Susan <hr/> Contributor address; City; State; Zip Code Hendersonville, NC 28739-9378	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: 619/1229 Rpt: 622/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Machina, Kenton <hr/> 6 Contributor address; City; State; Zip Code Lexington, IL 61753-7556	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Illinois State University
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Machina, Kenton <hr/> Contributor address; City; State; Zip Code Lexington, IL 61753-7556	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Illinois State University
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Machina, Kenton <hr/> Contributor address; City; State; Zip Code Lexington, IL 61753-7556	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Illinois State University
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Machina, Kenton <hr/> Contributor address; City; State; Zip Code Lexington, IL 61753-7556	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Illinois State University
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Machina, Kenton <hr/> Contributor address; City; State; Zip Code Lexington, IL 61753-7556	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Illinois State University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 620/1229 Rpt: 623/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Machina, Kenton <hr/> 6 Contributor address; City; State; Zip Code Lexington, IL 61753-7556	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Illinois State University
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mack, Robert <hr/> Contributor address; City; State; Zip Code Yorktown Heights, NY 10598-2320	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mackinnon, John <hr/> Contributor address; City; State; Zip Code New York, NY 10128-1314	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macnee, Bruce <hr/> Contributor address; City; State; Zip Code Bridgewater, MI 48115-0032	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macnee, Bruce <hr/> Contributor address; City; State; Zip Code Bridgewater, MI 48115-0032	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: 621/1229 Rpt: 624/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macnee, Bruce <hr/> 6 Contributor address; City; State; Zip Code Bridgewater, MI 48115-0032	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macnee, Bruce <hr/> Contributor address; City; State; Zip Code Bridgewater, MI 48115-0032	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macnee, Bruce <hr/> Contributor address; City; State; Zip Code Bridgewater, MI 48115-0032	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Macnee, Bruce <hr/> Contributor address; City; State; Zip Code Bridgewater, MI 48115-0032	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madrid, Marcus A. <hr/> Contributor address; City; State; Zip Code Fort Collins, CO 80525-9175	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Avago Technologies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 622/1229 Rpt: 625/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madrid, Marcus A.	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Fort Collins, CO 80525-9175	
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Avago Technologies
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madrid, Marcus A.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Fort Collins, CO 80525-9175	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Avago Technologies
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madrid, Marcus A.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Fort Collins, CO 80525-9175	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Avago Technologies
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madrid, Marcus A.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Fort Collins, CO 80525-9175	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Avago Technologies
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madrid, Marcus A.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Fort Collins, CO 80525-9175	
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Avago Technologies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 623/1229 Rpt: 626/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Madrid, Marcus A.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Fort Collins, CO 80525-9175	
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Avago Technologies
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maeda, Sheri	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Falls Church, VA 22042-2124	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maeda, Sheri	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Falls Church, VA 22042-2124	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maeda, Sheri	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Falls Church, VA 22042-2124	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maeda, Sheri	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Falls Church, VA 22042-2124	
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: 624/1229 Rpt: 627/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maeda, Sheri <hr/> 6 Contributor address; City; State; Zip Code Falls Church, VA 22042-2124	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maeda, Sheri <hr/> Contributor address; City; State; Zip Code Falls Church, VA 22042-2124	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maleksaeidi, Taraneh <hr/> Contributor address; City; State; Zip Code Orange, CA 92869-5658	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Targar
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maleksaeidi, Taraneh <hr/> Contributor address; City; State; Zip Code Orange, CA 92869-5658	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Targar
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maleksaeidi, Taraneh <hr/> Contributor address; City; State; Zip Code Orange, CA 92869-5658	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Targar

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 625/1229 Rpt: 628/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maleksaeidi, Taraneh <hr/> 6 Contributor address; City; State; Zip Code Orange, CA 92869-5658	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Vice President		9 Employer (See Instructions) Targar
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maleksaeidi, Taraneh <hr/> Contributor address; City; State; Zip Code Orange, CA 92869-5658	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Targar
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maleksaeidi, Taraneh <hr/> Contributor address; City; State; Zip Code Orange, CA 92869-5658	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Targar
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Jackie <hr/> Contributor address; City; State; Zip Code Mount Kisco, NY 10549-4524	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Jackie <hr/> Contributor address; City; State; Zip Code Mount Kisco, NY 10549-4524	Amount of Contribution (\$) \$100.00
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: 626/1229 Rpt: 629/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Jackie <hr/> 6 Contributor address; City; State; Zip Code Mount Kisco, NY 10549-4524	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Jackie <hr/> Contributor address; City; State; Zip Code Mount Kisco, NY 10549-4524	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Jackie <hr/> Contributor address; City; State; Zip Code Mount Kisco, NY 10549-4524	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Jackie <hr/> Contributor address; City; State; Zip Code Mount Kisco, NY 10549-4524	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manteuffel, Thomas <hr/> Contributor address; City; State; Zip Code Boulder, CO 80302-7136	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Colorado Boulder

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 627/1229 Rpt: 630/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manteuffel, Thomas <hr/> 6 Contributor address; City; State; Zip Code Boulder, CO 80302-7136	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of Colorado Boulder
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manteuffel, Thomas <hr/> Contributor address; City; State; Zip Code Boulder, CO 80302-7136	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Colorado Boulder
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manteuffel, Thomas <hr/> Contributor address; City; State; Zip Code Boulder, CO 80302-7136	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Colorado Boulder
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manteuffel, Thomas <hr/> Contributor address; City; State; Zip Code Boulder, CO 80302-7136	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Colorado Boulder
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Manteuffel, Thomas <hr/> Contributor address; City; State; Zip Code Boulder, CO 80302-7136	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Colorado Boulder

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 628/1229 Rpt: 631/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markham, Craig <hr/> 6 Contributor address; City; State; Zip Code Dundee, OR 97115-9129	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markland, Francis <hr/> Contributor address; City; State; Zip Code Manhattan Beach, CA 90266-2428	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markland, Francis <hr/> Contributor address; City; State; Zip Code Manhattan Beach, CA 90266-2428	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markland, Francis <hr/> Contributor address; City; State; Zip Code Manhattan Beach, CA 90266-2428	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markland, Francis <hr/> Contributor address; City; State; Zip Code Manhattan Beach, CA 90266-2428	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: 629/1229 Rpt: 632/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markman, Michael <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60614-2872	7 Amount of Contribution (\$) \$125.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markman, Michael <hr/> Contributor address; City; State; Zip Code Chicago, IL 60614-2872	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markos, Anthony <hr/> Contributor address; City; State; Zip Code Manhattan, IL 60442-6253	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Technical Staff		Employer (See Instructions) Hyatt Hotels
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markos, Anthony <hr/> Contributor address; City; State; Zip Code Manhattan, IL 60442-6253	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Technical Staff		Employer (See Instructions) Hyatt Hotels
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markos, Anthony <hr/> Contributor address; City; State; Zip Code Manhattan, IL 60442-6253	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Technical Staff		Employer (See Instructions) Hyatt Hotels

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 630/1229 Rpt: 633/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markos, Anthony	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Manhattan, IL 60442-6253		
8 Principal occupation / Job title (See Instructions) Technical Staff		9 Employer (See Instructions) Hyatt Hotels
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markos, Anthony	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Manhattan, IL 60442-6253		
Principal occupation / Job title (See Instructions) Technical Staff		Employer (See Instructions) Hyatt Hotels
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markos, Anthony	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Manhattan, IL 60442-6253		
Principal occupation / Job title (See Instructions) Technical Staff		Employer (See Instructions) Hyatt Hotels
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markovic, Robert	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code Los Angeles, CA 90068-2454		
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markovic, Robert	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code Los Angeles, CA 90068-2454		
Principal occupation / Job title (See Instructions) Psychotherapist		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: 631/1229 Rpt: 634/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markovic, Robert <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90068-2454	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Psychotherapist		9 Employer (See Instructions) Self Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markovic, Robert <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90068-2454	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markovic, Robert <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90068-2454	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markovic, Robert <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90068-2454	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marsh, Taylor <hr/> Contributor address; City; State; Zip Code Corning, CA 96021-3147	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Author and Speaker		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: 632/1229 Rpt: 635/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, David <hr/> 6 Contributor address; City; State; Zip Code South Setauket, NY 11720-1415	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Suffolk County Community College
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, David <hr/> Contributor address; City; State; Zip Code South Setauket, NY 11720-1415	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Suffolk County Community College
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, David <hr/> Contributor address; City; State; Zip Code South Setauket, NY 11720-1415	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Suffolk County Community College
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, David <hr/> Contributor address; City; State; Zip Code South Setauket, NY 11720-1415	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Suffolk County Community College
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, David <hr/> Contributor address; City; State; Zip Code South Setauket, NY 11720-1415	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Suffolk County Community College

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 633/1229 Rpt: 636/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, David <hr/> 6 Contributor address; City; State; Zip Code South Setauket, NY 11720-1415	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Suffolk County Community College
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Timothy <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516-7776	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Timothy <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516-7776	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Timothy <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516-7776	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Timothy <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516-7776	Amount of Contribution (\$) \$20.00
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: 634/1229 Rpt: 637/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Timothy <hr/> 6 Contributor address; City; State; Zip Code Chapel Hill, NC 27516-7776	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Timothy <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516-7776	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Andrew <hr/> Contributor address; City; State; Zip Code Denver, CO 80231-5739	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Government
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Andrew <hr/> Contributor address; City; State; Zip Code Denver, CO 80231-5739	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Government
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Andrew <hr/> Contributor address; City; State; Zip Code Denver, CO 80231-5739	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Government

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 635/1229 Rpt: 638/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Andrew <hr/> 6 Contributor address; City; State; Zip Code Denver, CO 80231-5739	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) US Government
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Andrew <hr/> Contributor address; City; State; Zip Code Denver, CO 80231-5739	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) US Government
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marwin, Doretta <hr/> Contributor address; City; State; Zip Code Arlington Heights, IL 60005-3046	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maslanka, Linda <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19808-5227	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maslanka, Linda <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19808-5227	Amount of Contribution (\$) \$20.00
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: 636/1229 Rpt: 639/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maslanka, Linda <hr/> 6 Contributor address; City; State; Zip Code Wilmington, DE 19808-5227	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maslanka, Linda <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19808-5227	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maslanka, Linda <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19808-5227	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maslanka, Linda <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19808-5227	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maslanka, Linda <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19808-5227	Amount of Contribution (\$) \$20.00
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: 637/1229 Rpt: 640/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maslanka, Linda <hr/> 6 Contributor address; City; State; Zip Code Wilmington, DE 19808-5227	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maslanka, Linda <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19808-5227	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maslanka, Linda <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19808-5227	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maslanka, Linda <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19808-5227	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maslanka, Linda <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19808-5227	Amount of Contribution (\$) \$20.00
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: 638/1229 Rpt: 641/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Lauren <hr/> 6 Contributor address; City; State; Zip Code Alamo, CA 94507-2809	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Paralegal		9 Employer (See Instructions) Brillant Law Firm
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Lauren <hr/> Contributor address; City; State; Zip Code Alamo, CA 94507-2809	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Brillant Law Firm
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Lauren <hr/> Contributor address; City; State; Zip Code Alamo, CA 94507-2809	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Brillant Law Firm
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Lauren <hr/> Contributor address; City; State; Zip Code Alamo, CA 94507-2809	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Brillant Law Firm
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Lauren <hr/> Contributor address; City; State; Zip Code Alamo, CA 94507-2809	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Paralegal		Employer (See Instructions) Brillant Law Firm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 639/1229 Rpt: 642/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Lauren <hr/> 6 Contributor address; City; State; Zip Code Alamo, CA 94507-2809	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Paralegal		9 Employer (See Instructions) Brilliant Law Firm
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Paul W. <hr/> Contributor address; City; State; Zip Code Madison, WI 53703-4070	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Paul W. <hr/> Contributor address; City; State; Zip Code Madison, WI 53703-4070	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Paul W. <hr/> Contributor address; City; State; Zip Code Madison, WI 53703-4070	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Paul W. <hr/> Contributor address; City; State; Zip Code Madison, WI 53703-4070	Amount of Contribution (\$) \$20.00
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: 640/1229 Rpt: 643/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Paul W.	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Madison, WI 53703-4070		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Paul W.	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Madison, WI 53703-4070		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massen, Dave	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Francisco, CA 94114-3066		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massen, Dave	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Francisco, CA 94114-3066		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massen, Dave	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Francisco, CA 94114-3066		
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: 641/1229 Rpt: 644/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massen, Dave <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94114-3066	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massen, Dave <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114-3066	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Massen, Dave <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94114-3066	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mastronarde, Donald <hr/> Contributor address; City; State; Zip Code Albany, CA 94706-1214	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mastronarde, Donald <hr/> Contributor address; City; State; Zip Code Albany, CA 94706-1214	Amount of Contribution (\$) \$100.00
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: 642/1229 Rpt: 645/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Donald	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Tiburon, CA 94920-1836		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Donald	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Tiburon, CA 94920-1836		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Gabe	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brighton, MA 02135-5314		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Boston Public Schools
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Gabe	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brighton, MA 02135-5314		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Boston Public Schools
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Gabe	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brighton, MA 02135-5314		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Boston Public Schools

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 643/1229 Rpt: 646/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Gabe <hr/> 6 Contributor address; City; State; Zip Code Brighton, MA 02135-5314	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Boston Public Schools
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Gabe <hr/> Contributor address; City; State; Zip Code Brighton, MA 02135-5314	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Boston Public Schools
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathews, Gabe <hr/> Contributor address; City; State; Zip Code Brighton, MA 02135-5314	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Boston Public Schools
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathis, Timothy <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85021-7201	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) W. L. Gore and Associates Inc.
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathis, Timothy <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85021-7201	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) W. L. Gore and Associates Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 644/1229 Rpt: 647/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathis, Timothy <hr/> 6 Contributor address; City; State; Zip Code Phoenix, AZ 85021-7201	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) W. L. Gore and Associates Inc.
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathis, Timothy <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85021-7201	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) W. L. Gore and Associates Inc.
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathis, Timothy <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85021-7201	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) W. L. Gore and Associates Inc.
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathis, Timothy <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85021-7201	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) W. L. Gore and Associates Inc.
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Jackie <hr/> Contributor address; City; State; Zip Code Dimmitt, TX 79027-0234	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Plant Operator		Employer (See Instructions) White Energy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 645/1229 Rpt: 648/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Jackie <hr/> 6 Contributor address; City; State; Zip Code Dimmitt, TX 79027-0234	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Plant Operator		9 Employer (See Instructions) White Energy
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Jackie <hr/> Contributor address; City; State; Zip Code Dimmitt, TX 79027-0234	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Plant Operator		Employer (See Instructions) White Energy
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Jackie <hr/> Contributor address; City; State; Zip Code Dimmitt, TX 79027-0234	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Plant Operator		Employer (See Instructions) White Energy
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Jackie <hr/> Contributor address; City; State; Zip Code Dimmitt, TX 79027-0234	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Plant Operator		Employer (See Instructions) White Energy
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Matthews, Jackie <hr/> Contributor address; City; State; Zip Code Dimmitt, TX 79027-0234	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Plant Operator		Employer (See Instructions) White Energy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 646/1229 Rpt: 649/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mautz, Wayne <hr/> 6 Contributor address; City; State; Zip Code Colorado Springs, CO 80923-7594	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Volunteer Coordinator		9 Employer (See Instructions) Fresh Start Center
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mautz, Wayne <hr/> Contributor address; City; State; Zip Code Colorado Springs, CO 80923-7594	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Volunteer Coordinator		Employer (See Instructions) Fresh Start Center
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mautz, Wayne <hr/> Contributor address; City; State; Zip Code Colorado Springs, CO 80923-7594	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Volunteer Coordinator		Employer (See Instructions) Fresh Start Center
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mautz, Wayne <hr/> Contributor address; City; State; Zip Code Colorado Springs, CO 80923-7594	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Volunteer Coordinator		Employer (See Instructions) Fresh Start Center
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mautz, Wayne <hr/> Contributor address; City; State; Zip Code Colorado Springs, CO 80923-7594	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Volunteer Coordinator		Employer (See Instructions) Fresh Start Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 647/1229 Rpt: 650/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Elliot	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Bethesda, MD 20816-2748		
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Elliot	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Bethesda, MD 20816-2748		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Elliot	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Bethesda, MD 20816-2748		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Elliot	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Bethesda, MD 20816-2748		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Elliot	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Bethesda, MD 20816-2748		
Principal occupation / Job title (See Instructions) Consultant		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: 648/1229 Rpt: 651/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Elliot <hr/> 6 Contributor address; City; State; Zip Code Bethesda, MD 20816-2748	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Elliot <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20816-2748	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Elliot <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20816-2748	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Elliot <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20816-2748	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Elliot <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20816-2748	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Consultant		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: 649/1229 Rpt: 652/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Elliot <hr/> 6 Contributor address; City; State; Zip Code Bethesda, MD 20816-2748	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maxwell, Elliot <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20816-2748	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Ted <hr/> Contributor address; City; State; Zip Code Bayfield, WI 54814-4954	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maze, Marilyn <hr/> Contributor address; City; State; Zip Code Baldwin, MD 21013-9768	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maze, Marilyn <hr/> Contributor address; City; State; Zip Code Baldwin, MD 21013-9768	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: 650/1229 Rpt: 653/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maze, Marilyn <hr/> 6 Contributor address; City; State; Zip Code Baldwin, MD 21013-9768	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maze, Marilyn <hr/> Contributor address; City; State; Zip Code Baldwin, MD 21013-9768	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maze, Marilyn <hr/> Contributor address; City; State; Zip Code Baldwin, MD 21013-9768	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maze, Marilyn <hr/> Contributor address; City; State; Zip Code Baldwin, MD 21013-9768	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarten, Paul <hr/> Contributor address; City; State; Zip Code Alexandria, MN 56308-2477	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) McCarten Law Firm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 651/1229 Rpt: 654/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarten, Paul <hr/> 6 Contributor address; City; State; Zip Code Alexandria, MN 56308-2477	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) McCarten Law Firm
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarten, Paul <hr/> Contributor address; City; State; Zip Code Alexandria, MN 56308-2477	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) McCarten Law Firm
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarten, Paul <hr/> Contributor address; City; State; Zip Code Alexandria, MN 56308-2477	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) McCarten Law Firm
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarten, Paul <hr/> Contributor address; City; State; Zip Code Alexandria, MN 56308-2477	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) McCarten Law Firm
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarten, Paul <hr/> Contributor address; City; State; Zip Code Alexandria, MN 56308-2477	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) McCarten Law Firm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 652/1229 Rpt: 655/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Sheridan <hr/> 6 Contributor address; City; State; Zip Code Corvallis, OR 97330-3469	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Editor		9 Employer (See Instructions) Self Employed
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Sheridan <hr/> Contributor address; City; State; Zip Code Corvallis, OR 97330-3469	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Self Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Sheridan <hr/> Contributor address; City; State; Zip Code Corvallis, OR 97330-3469	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Self Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Sheridan <hr/> Contributor address; City; State; Zip Code Corvallis, OR 97330-3469	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Self Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Sheridan <hr/> Contributor address; City; State; Zip Code Corvallis, OR 97330-3469	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Editor		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: 653/1229 Rpt: 656/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Sheridan <hr/> 6 Contributor address; City; State; Zip Code Corvallis, OR 97330-3469	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Editor		9 Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, William <hr/> Contributor address; City; State; Zip Code Key West, FL 33040-5033	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, William <hr/> Contributor address; City; State; Zip Code Key West, FL 33040-5033	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, William <hr/> Contributor address; City; State; Zip Code Key West, FL 33040-5033	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, William <hr/> Contributor address; City; State; Zip Code Key West, FL 33040-5033	Amount of Contribution (\$) \$15.00
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: 654/1229 Rpt: 657/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, William <hr/> 6 Contributor address; City; State; Zip Code Key West, FL 33040-5033	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, William <hr/> Contributor address; City; State; Zip Code Key West, FL 33040-5033	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, William <hr/> Contributor address; City; State; Zip Code Key West, FL 33040-5033	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, William <hr/> Contributor address; City; State; Zip Code Key West, FL 33040-5033	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, William <hr/> Contributor address; City; State; Zip Code Key West, FL 33040-5033	Amount of Contribution (\$) \$50.00
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: 655/1229 Rpt: 658/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, William <hr/> 6 Contributor address; City; State; Zip Code Key West, FL 33040-5033	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, William <hr/> Contributor address; City; State; Zip Code Key West, FL 33040-5033	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarty, David <hr/> Contributor address; City; State; Zip Code Marshall, TX 75672-4121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarty, David <hr/> Contributor address; City; State; Zip Code Marshall, TX 75672-4121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarty, David <hr/> Contributor address; City; State; Zip Code Marshall, TX 75672-4121	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: 656/1229 Rpt: 659/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarty, David <hr/> 6 Contributor address; City; State; Zip Code Marshall, TX 75672-4121	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarty, David <hr/> Contributor address; City; State; Zip Code Marshall, TX 75672-4121	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarville, Michael <hr/> Contributor address; City; State; Zip Code Kalamazoo, MI 49008-1848	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarville, Michael <hr/> Contributor address; City; State; Zip Code Kalamazoo, MI 49008-1848	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarville, Michael <hr/> Contributor address; City; State; Zip Code Kalamazoo, MI 49008-1848	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: 657/1229 Rpt: 660/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarville, Michael <hr/> 6 Contributor address; City; State; Zip Code Kalamazoo, MI 49008-1848	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarville, Michael <hr/> Contributor address; City; State; Zip Code Kalamazoo, MI 49008-1848	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarville, Michael <hr/> Contributor address; City; State; Zip Code Kalamazoo, MI 49008-1848	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClain, Larry <hr/> Contributor address; City; State; Zip Code West Chester, PA 19382-8802	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCormick, Janis <hr/> Contributor address; City; State; Zip Code Oxnard, CA 93036-1805	Amount of Contribution (\$) \$100.00
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: 658/1229 Rpt: 661/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCracken, Ronald <hr/> 6 Contributor address; City; State; Zip Code Franklin, NC 28744-0752	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCracken, Ronald <hr/> Contributor address; City; State; Zip Code Franklin, NC 28744-0752	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCracken, Ronald <hr/> Contributor address; City; State; Zip Code Franklin, NC 28744-0752	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCracken, Tara <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601-4610	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) ACU Credit Union
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCracken, Tara <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601-4610	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) ACU Credit Union

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 659/1229 Rpt: 662/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCracken, Tara <hr/> 6 Contributor address; City; State; Zip Code Abilene, TX 79601-4610	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Administrative Assistant		9 Employer (See Instructions) ACU Credit Union
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCracken, Tara <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601-4610	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) ACU Credit Union
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCracken, Tara <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601-4610	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) ACU Credit Union
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCracken, Tara <hr/> Contributor address; City; State; Zip Code Abilene, TX 79601-4610	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) ACU Credit Union
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCurdy, Mary <hr/> Contributor address; City; State; Zip Code Auburn, CA 95603-3982	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: 660/1229 Rpt: 663/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCurdy, Mary <hr/> 6 Contributor address; City; State; Zip Code Auburn, CA 95603-3982	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCurdy, Mary <hr/> Contributor address; City; State; Zip Code Auburn, CA 95603-3982	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCurdy, Mary <hr/> Contributor address; City; State; Zip Code Auburn, CA 95603-3982	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCurdy, Mary <hr/> Contributor address; City; State; Zip Code Auburn, CA 95603-3982	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCurdy, Mary <hr/> Contributor address; City; State; Zip Code Auburn, CA 95603-3982	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: 661/1229 Rpt: 664/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Susan <hr/> 6 Contributor address; City; State; Zip Code Gig Harbor, WA 98329-5889	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Susan <hr/> Contributor address; City; State; Zip Code Gig Harbor, WA 98329-5889	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Susan <hr/> Contributor address; City; State; Zip Code Gig Harbor, WA 98329-5889	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Susan <hr/> Contributor address; City; State; Zip Code Gig Harbor, WA 98329-5889	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Susan <hr/> Contributor address; City; State; Zip Code Gig Harbor, WA 98329-5889	Amount of Contribution (\$) \$50.00
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: 662/1229 Rpt: 665/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDaniel, Susan <hr/> 6 Contributor address; City; State; Zip Code Gig Harbor, WA 98329-5889	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Merriane <hr/> Contributor address; City; State; Zip Code Carmichael, CA 95608-3116	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Merriane <hr/> Contributor address; City; State; Zip Code Carmichael, CA 95608-3116	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Merriane <hr/> Contributor address; City; State; Zip Code Carmichael, CA 95608-3116	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Merriane <hr/> Contributor address; City; State; Zip Code Carmichael, CA 95608-3116	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: 663/1229 Rpt: 666/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Merriane <hr/> 6 Contributor address; City; State; Zip Code Carmichael, CA 95608-3116	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Merriane <hr/> Contributor address; City; State; Zip Code Carmichael, CA 95608-3116	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFadden, Gary <hr/> Contributor address; City; State; Zip Code Guston, KY 40142-7143	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McFadden, Gary <hr/> Contributor address; City; State; Zip Code Guston, KY 40142-7143	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGirr, Chris <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90065-3220	Amount of Contribution (\$) \$20.00
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: 664/1229 Rpt: 667/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGirr, Chris <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90065-3220	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGirr, Chris <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90065-3220	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGirr, Chris <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90065-3220	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGirr, Chris <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90065-3220	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGirr, Chris <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90065-3220	Amount of Contribution (\$) \$20.00
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: 665/1229 Rpt: 668/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGovern, Michael	7 Amount of Contribution (\$) \$26.00
6 Contributor address; City; State; Zip Code Las Vegas, NV 89149-5157		
8 Principal occupation / Job title (See Instructions) Lead RSM		9 Employer (See Instructions) United Airlines Inc.
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGovern, Michael	Amount of Contribution (\$) \$26.00
Contributor address; City; State; Zip Code Las Vegas, NV 89149-5157		
Principal occupation / Job title (See Instructions) Lead RSM		Employer (See Instructions) United Airlines Inc.
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGovern, Michael	Amount of Contribution (\$) \$26.00
Contributor address; City; State; Zip Code Las Vegas, NV 89149-5157		
Principal occupation / Job title (See Instructions) Lead RSM		Employer (See Instructions) United Airlines Inc.
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGovern, Michael	Amount of Contribution (\$) \$26.00
Contributor address; City; State; Zip Code Las Vegas, NV 89149-5157		
Principal occupation / Job title (See Instructions) Lead RSM		Employer (See Instructions) United Airlines Inc.
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGovern, Michael	Amount of Contribution (\$) \$26.00
Contributor address; City; State; Zip Code Las Vegas, NV 89149-5157		
Principal occupation / Job title (See Instructions) Lead RSM		Employer (See Instructions) United Airlines Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 666/1229 Rpt: 669/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGovern, Michael <hr/> 6 Contributor address; City; State; Zip Code Las Vegas, NV 89149-5157	7 Amount of Contribution (\$) \$26.00
8 Principal occupation / Job title (See Instructions) Lead RSM		9 Employer (See Instructions) United Airlines Inc.
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGowan, John <hr/> Contributor address; City; State; Zip Code Meadville, PA 16335-8690	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGowan, John <hr/> Contributor address; City; State; Zip Code Meadville, PA 16335-8690	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGowan, John <hr/> Contributor address; City; State; Zip Code Meadville, PA 16335-8690	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/08/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGrath, Kathleen <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90404-3721	Amount of Contribution (\$) \$50,000.00
Principal occupation / Job title (See Instructions) CEO		Employer (See Instructions) Bad Robot Productions

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 667/1229 Rpt: 670/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McHenry, Emmit	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Great Falls, VA 22066-3618		
8 Principal occupation / Job title (See Instructions) Chairman		9 Employer (See Instructions) Cyber Secure Solutions
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McHenry, Emmit	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Great Falls, VA 22066-3618		
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) Cyber Secure Solutions
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McHenry, Emmit	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Great Falls, VA 22066-3618		
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) Cyber Secure Solutions
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McHenry, Emmit	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Great Falls, VA 22066-3618		
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) Cyber Secure Solutions
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McHenry, Emmit	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Great Falls, VA 22066-3618		
Principal occupation / Job title (See Instructions) Chairman		Employer (See Instructions) Cyber Secure Solutions

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 668/1229 Rpt: 671/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McHenry, Emmit <hr/> 6 Contributor address; City; State; Zip Code Great Falls, VA 22066-3618	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Chairman		9 Employer (See Instructions) Cyber Secure Solutions
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntyre, Daniel <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90808-2139	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntyre, Daniel <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90808-2139	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntyre, Daniel <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90808-2139	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntyre, Daniel <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90808-2139	Amount of Contribution (\$) \$50.00
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: 669/1229 Rpt: 672/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntyre, Daniel <hr/> 6 Contributor address; City; State; Zip Code Long Beach, CA 90808-2139	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntyre, Daniel <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90808-2139	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKain, Mark <hr/> Contributor address; City; State; Zip Code Saint Petersburg, FL 33703-4868	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKain, Mark <hr/> Contributor address; City; State; Zip Code Saint Petersburg, FL 33703-4868	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKain, Mark <hr/> Contributor address; City; State; Zip Code Saint Petersburg, FL 33703-4868	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: 670/1229 Rpt: 673/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKain, Mark <hr/> 6 Contributor address; City; State; Zip Code Saint Petersburg, FL 33703-4868	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKain, Mark <hr/> Contributor address; City; State; Zip Code Saint Petersburg, FL 33703-4868	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKain, Mark <hr/> Contributor address; City; State; Zip Code Saint Petersburg, FL 33703-4868	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKain, Mark <hr/> Contributor address; City; State; Zip Code Saint Petersburg, FL 33703-4868	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKenna, Christine S. <hr/> Contributor address; City; State; Zip Code Rancho Mirage, CA 92270-5674	Amount of Contribution (\$) \$100.00
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: 671/1229 Rpt: 674/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKenna, Christine S.	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Rancho Mirage, CA 92270-5674	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKenna, Christine S.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Rancho Mirage, CA 92270-5674	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKenna, Christine S.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Rancho Mirage, CA 92270-5674	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKenna, Christine S.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Rancho Mirage, CA 92270-5674	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKenna, Christine S.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Rancho Mirage, CA 92270-5674	
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: 672/1229 Rpt: 675/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKibben, Robert B.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Lee, NH 03861-6205	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKibben, Robert B.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lee, NH 03861-6205	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKibben, Robert B.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lee, NH 03861-6205	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKibben, Robert B.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lee, NH 03861-6205	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKibben, Robert B.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lee, NH 03861-6205	
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: 673/1229 Rpt: 676/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKibben, Robert B.	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Lee, NH 03861-6205		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Lee	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Pittsboro, NC 27312-5014		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Marilee	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Solana Beach, CA 92075-1530		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Marilee	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Solana Beach, CA 92075-1530		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Marilee	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Solana Beach, CA 92075-1530		
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: 674/1229 Rpt: 677/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Marilee <hr/> 6 Contributor address; City; State; Zip Code Solana Beach, CA 92075-1530	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Marilee <hr/> Contributor address; City; State; Zip Code Solana Beach, CA 92075-1530	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLean, Marilee <hr/> Contributor address; City; State; Zip Code Solana Beach, CA 92075-1530	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod, Donald <hr/> Contributor address; City; State; Zip Code Antioch, CA 94531-8939	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod, Donald <hr/> Contributor address; City; State; Zip Code Antioch, CA 94531-8939	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: 675/1229 Rpt: 678/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod, Donald <hr/> 6 Contributor address; City; State; Zip Code Antioch, CA 94531-8939	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod, Donald <hr/> Contributor address; City; State; Zip Code Antioch, CA 94531-8939	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod, Donald <hr/> Contributor address; City; State; Zip Code Antioch, CA 94531-8939	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLeod, Donald <hr/> Contributor address; City; State; Zip Code Antioch, CA 94531-8939	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, John <hr/> Contributor address; City; State; Zip Code Boise, ID 83706-5219	Amount of Contribution (\$) \$100.00
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: 676/1229 Rpt: 679/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahon, John <hr/> 6 Contributor address; City; State; Zip Code Boise, ID 83706-5219	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNeil, Oscar <hr/> Contributor address; City; State; Zip Code Waterford, VA 20197-1046	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Bechtel Corporation
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNew, Stephen <hr/> Contributor address; City; State; Zip Code Brookville, OH 45309-1614	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Advisor		Employer (See Instructions) Miami Valley Career Technology Center
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNew, Stephen <hr/> Contributor address; City; State; Zip Code Brookville, OH 45309-1614	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Advisor		Employer (See Instructions) Miami Valley Career Technology Center
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNew, Stephen <hr/> Contributor address; City; State; Zip Code Brookville, OH 45309-1614	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Advisor		Employer (See Instructions) Miami Valley Career Technology Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 677/1229 Rpt: 680/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNew, Stephen <hr/> 6 Contributor address; City; State; Zip Code Brookville, OH 45309-1614	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Advisor		9 Employer (See Instructions) Miami Valley Career Technology Center
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNew, Stephen <hr/> Contributor address; City; State; Zip Code Brookville, OH 45309-1614	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Advisor		Employer (See Instructions) Miami Valley Career Technology Center
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNew, Stephen <hr/> Contributor address; City; State; Zip Code Brookville, OH 45309-1614	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Advisor		Employer (See Instructions) Miami Valley Career Technology Center
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNew, Stephen <hr/> Contributor address; City; State; Zip Code Brookville, OH 45309-1614	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Advisor		Employer (See Instructions) Miami Valley Career Technology Center
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNew, Stephen <hr/> Contributor address; City; State; Zip Code Brookville, OH 45309-1614	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Advisor		Employer (See Instructions) Miami Valley Career Technology Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 678/1229 Rpt: 681/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNew, Stephen	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Brookville, OH 45309-1614		
8 Principal occupation / Job title (See Instructions) Advisor		9 Employer (See Instructions) Miami Valley Career Technology Center
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNew, Stephen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Brookville, OH 45309-1614		
Principal occupation / Job title (See Instructions) Advisor		Employer (See Instructions) Miami Valley Career Technology Center
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNew, Stephen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Brookville, OH 45309-1614		
Principal occupation / Job title (See Instructions) Advisor		Employer (See Instructions) Miami Valley Career Technology Center
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNew, Stephen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Brookville, OH 45309-1614		
Principal occupation / Job title (See Instructions) Advisor		Employer (See Instructions) Miami Valley Career Technology Center
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNew, Stephen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Brookville, OH 45309-1614		
Principal occupation / Job title (See Instructions) Advisor		Employer (See Instructions) Miami Valley Career Technology Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 679/1229 Rpt: 682/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNew, Stephen <hr/> 6 Contributor address; City; State; Zip Code Brookville, OH 45309-1614	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Advisor		9 Employer (See Instructions) Miami Valley Career Technology Center
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNew, Stephen <hr/> Contributor address; City; State; Zip Code Brookville, OH 45309-1614	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Advisor		Employer (See Instructions) Miami Valley Career Technology Center
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNew, Stephen <hr/> Contributor address; City; State; Zip Code Brookville, OH 45309-1614	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Advisor		Employer (See Instructions) Miami Valley Career Technology Center
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNew, Stephen <hr/> Contributor address; City; State; Zip Code Brookville, OH 45309-1614	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Advisor		Employer (See Instructions) Miami Valley Career Technology Center
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNew, Stephen <hr/> Contributor address; City; State; Zip Code Brookville, OH 45309-1614	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Advisor		Employer (See Instructions) Miami Valley Career Technology Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 680/1229 Rpt: 683/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McShane, Margaret	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Orland Park, IL 60462-1968		
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions) DuPage Medical Group
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McShane, Margaret	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Orland Park, IL 60462-1968		
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) DuPage Medical Group
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McShane, Margaret	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Orland Park, IL 60462-1968		
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) DuPage Medical Group
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McShane, Margaret	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Orland Park, IL 60462-1968		
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) DuPage Medical Group
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McShane, Margaret	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Orland Park, IL 60462-1968		
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) DuPage Medical Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 681/1229 Rpt: 684/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McShane, Margaret	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Orland Park, IL 60462-1968		
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions) DuPage Medical Group
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McShane, Margaret	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Orland Park, IL 60462-1968		
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) DuPage Medical Group
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McShane, Margaret	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Orland Park, IL 60462-1968		
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) DuPage Medical Group
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McShane, Margaret	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Orland Park, IL 60462-1968		
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) DuPage Medical Group
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McShane, Margaret	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Orland Park, IL 60462-1968		
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) DuPage Medical Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 682/1229 Rpt: 685/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McShane, Margaret <hr/> 6 Contributor address; City; State; Zip Code Orland Park, IL 60462-1968	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Registered Nurse		9 Employer (See Instructions) DuPage Medical Group
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McShane, Margaret <hr/> Contributor address; City; State; Zip Code Orland Park, IL 60462-1968	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) DuPage Medical Group
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McWilliams, Lindsey <hr/> Contributor address; City; State; Zip Code Arcata, CA 95521-4994	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MccAlley, Susan <hr/> Contributor address; City; State; Zip Code Brookline, MA 02445-5328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MccAlley, Susan <hr/> Contributor address; City; State; Zip Code Brookline, MA 02445-5328	Amount of Contribution (\$) \$50.00
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: 683/1229 Rpt: 686/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCAlley, Susan <hr/> 6 Contributor address; City; State; Zip Code Brookline, MA 02445-5328	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCAlley, Susan <hr/> Contributor address; City; State; Zip Code Brookline, MA 02445-5328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCAlley, Susan <hr/> Contributor address; City; State; Zip Code Brookline, MA 02445-5328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCAlley, Susan <hr/> Contributor address; City; State; Zip Code Brookline, MA 02445-5328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meagher, Christopher <hr/> Contributor address; City; State; Zip Code Gilbert, AZ 85234-3462	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Chemist		Employer (See Instructions) Chemical Strategies Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 684/1229 Rpt: 687/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medley, John <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11222-3202	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Technician		9 Employer (See Instructions) Pratt Institute
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melancon, Harold <hr/> Contributor address; City; State; Zip Code Hendersonville, TN 37075-4868	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scheduling Analyst		Employer (See Instructions) Nashville Wraps
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melancon, Harold <hr/> Contributor address; City; State; Zip Code Hendersonville, TN 37075-4868	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scheduling Analyst		Employer (See Instructions) Nashville Wraps
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melancon, Harold <hr/> Contributor address; City; State; Zip Code Hendersonville, TN 37075-4868	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scheduling Analyst		Employer (See Instructions) Nashville Wraps
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melancon, Harold <hr/> Contributor address; City; State; Zip Code Hendersonville, TN 37075-4868	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scheduling Analyst		Employer (See Instructions) Nashville Wraps

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 685/1229 Rpt: 688/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Melancon, Harold <hr/> 6 Contributor address; City; State; Zip Code Hendersonville, TN 37075-4868	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Scheduling Analyst		9 Employer (See Instructions) Nashville Wraps
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menaker, Thomas <hr/> Contributor address; City; State; Zip Code New City, NY 10956-5702	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Psychology		Employer (See Instructions) Self Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menaker, Thomas <hr/> Contributor address; City; State; Zip Code New City, NY 10956-5702	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Psychology		Employer (See Instructions) Self Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menaker, Thomas <hr/> Contributor address; City; State; Zip Code New City, NY 10956-5702	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Psychology		Employer (See Instructions) Self Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menne, Phyllis <hr/> Contributor address; City; State; Zip Code Madison, WI 53705-1429	Amount of Contribution (\$) \$100.00
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: 686/1229 Rpt: 689/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menne, Phyllis <hr/> 6 Contributor address; City; State; Zip Code Madison, WI 53705-1429	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mercer, Janet <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90049-5424	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meresman, Joseph <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705-2613	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merryman, Betsy <hr/> Contributor address; City; State; Zip Code Redondo Beach, CA 90277-6401	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Healthcare Communications		Employer (See Instructions) Self Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merryman, Betsy <hr/> Contributor address; City; State; Zip Code Redondo Beach, CA 90277-6401	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Healthcare Communications		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: 687/1229 Rpt: 690/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merryman, Betsy <hr/> 6 Contributor address; City; State; Zip Code Redondo Beach, CA 90277-6401	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Healthcare Communications		9 Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merryman, Betsy <hr/> Contributor address; City; State; Zip Code Redondo Beach, CA 90277-6401	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Healthcare Communications		Employer (See Instructions) Self Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merryman, Betsy <hr/> Contributor address; City; State; Zip Code Redondo Beach, CA 90277-6401	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Healthcare Communications		Employer (See Instructions) Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merryman, Betsy <hr/> Contributor address; City; State; Zip Code Redondo Beach, CA 90277-6401	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Healthcare Communications		Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Tom <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90039-2228	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Barista		Employer (See Instructions) Honey and Bacon

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 688/1229 Rpt: 691/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Tom <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90039-2228	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Barista		9 Employer (See Instructions) Honey and Bacon
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Tom <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90039-2228	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Barista		Employer (See Instructions) Honey and Bacon
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Tom <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90039-2228	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Barista		Employer (See Instructions) Honey and Bacon
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Tom <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90039-2228	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Barista		Employer (See Instructions) Honey and Bacon
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Tom <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90039-2228	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Barista		Employer (See Instructions) Honey and Bacon

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 689/1229 Rpt: 692/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer-Mitchell, Johanna <hr/> 6 Contributor address; City; State; Zip Code Martinez, CA 94553-5300	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyers, Alfred <hr/> Contributor address; City; State; Zip Code APO, DC 20000	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mezger, Tobias <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118-2721	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Prosper
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mezger, Tobias <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118-2721	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Prosper
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mezger, Tobias <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118-2721	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Prosper

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 690/1229 Rpt: 693/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mezger, Tobias <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94118-2721	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Vice President		9 Employer (See Instructions) Prosper
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mezger, Tobias <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118-2721	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Prosper
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mezger, Tobias <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118-2721	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Vice President		Employer (See Instructions) Prosper
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Sanci <hr/> Contributor address; City; State; Zip Code Rockville, MD 20850-6165	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Sanci <hr/> Contributor address; City; State; Zip Code Rockville, MD 20850-6165	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: 691/1229 Rpt: 694/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Sanci <hr/> 6 Contributor address; City; State; Zip Code Rockville, MD 20850-6165	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Sanci <hr/> Contributor address; City; State; Zip Code Rockville, MD 20850-6165	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Sanci <hr/> Contributor address; City; State; Zip Code Rockville, MD 20850-6165	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Sanci <hr/> Contributor address; City; State; Zip Code Rockville, MD 20850-6165	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, Sanci <hr/> Contributor address; City; State; Zip Code Rockville, MD 20850-6165	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: 692/1229 Rpt: 695/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michielli, Leonard	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Howell, NJ 07731-4026		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Middlesworth, John	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Absecon, NJ 08201-2724		
Principal occupation / Job title (See Instructions) Union Representative		Employer (See Instructions) UNITE HERE
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Middlesworth, John	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Absecon, NJ 08201-2724		
Principal occupation / Job title (See Instructions) Union Representative		Employer (See Instructions) UNITE HERE
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Middlesworth, John	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Absecon, NJ 08201-2724		
Principal occupation / Job title (See Instructions) Union Representative		Employer (See Instructions) UNITE HERE
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Middlesworth, John	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Absecon, NJ 08201-2724		
Principal occupation / Job title (See Instructions) Union Representative		Employer (See Instructions) UNITE HERE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 693/1229 Rpt: 696/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Middlesworth, John <hr/> 6 Contributor address; City; State; Zip Code Absecon, NJ 08201-2724	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Union Representative		9 Employer (See Instructions) UNITE HERE
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Middlesworth, John <hr/> Contributor address; City; State; Zip Code Absecon, NJ 08201-2724	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Union Representative		Employer (See Instructions) UNITE HERE
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Midgley, Alvin R. <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48103-2366	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Midgley, Alvin R. <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48103-2366	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Midgley, Alvin R. <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48103-2366	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: 694/1229 Rpt: 697/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Midgley, Alvin R. <hr/> 6 Contributor address; City; State; Zip Code Ann Arbor, MI 48103-2366	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Midgley, Alvin R. <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48103-2366	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Midgley, Alvin R. <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48103-2366	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mikol, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78728-4392	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mikol, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78728-4392	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: 695/1229 Rpt: 698/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mikol, Lauren <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78728-4392	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mikol, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78728-4392	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mikol, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78728-4392	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mikol, Lauren <hr/> Contributor address; City; State; Zip Code Austin, TX 78728-4392	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miles, Mike <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27514-3816	Amount of Contribution (\$) \$250.00
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: 696/1229 Rpt: 699/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Harry <hr/> 6 Contributor address; City; State; Zip Code Interlaken, NY 14847-0045	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Harry <hr/> Contributor address; City; State; Zip Code Interlaken, NY 14847-0045	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Harry <hr/> Contributor address; City; State; Zip Code Interlaken, NY 14847-0045	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Harry <hr/> Contributor address; City; State; Zip Code Interlaken, NY 14847-0045	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Harry <hr/> Contributor address; City; State; Zip Code Interlaken, NY 14847-0045	Amount of Contribution (\$) \$100.00
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: 697/1229 Rpt: 700/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Harry <hr/> 6 Contributor address; City; State; Zip Code Interlaken, NY 14847-0045	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Sara <hr/> Contributor address; City; State; Zip Code Norfolk, VA 23505-4440	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Sara <hr/> Contributor address; City; State; Zip Code Norfolk, VA 23505-4440	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Sara <hr/> Contributor address; City; State; Zip Code Norfolk, VA 23505-4440	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Sara <hr/> Contributor address; City; State; Zip Code Norfolk, VA 23505-4440	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: 698/1229 Rpt: 701/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Sara <hr/> 6 Contributor address; City; State; Zip Code Norfolk, VA 23505-4440	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Sara <hr/> Contributor address; City; State; Zip Code Norfolk, VA 23505-4440	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Thomas F. <hr/> Contributor address; City; State; Zip Code College Station, TX 77845-5428	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Thomas F. <hr/> Contributor address; City; State; Zip Code College Station, TX 77845-5428	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Thomas F. <hr/> Contributor address; City; State; Zip Code College Station, TX 77845-5428	Amount of Contribution (\$) \$20.00
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: 699/1229 Rpt: 702/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Thomas F.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code College Station, TX 77845-5428	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Thomas F.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code College Station, TX 77845-5428	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Thomas F.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code College Station, TX 77845-5428	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, William	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Berkeley, CA 94707-2707	
Principal occupation / Job title (See Instructions) Economist		Employer (See Instructions) LBNL
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, William	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Berkeley, CA 94707-2707	
Principal occupation / Job title (See Instructions) Economist		Employer (See Instructions) LBNL

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 700/1229 Rpt: 703/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, William <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94707-2707	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Economist		9 Employer (See Instructions) LBNL
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, William <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-2707	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Economist		Employer (See Instructions) LBNL
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, William <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-2707	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Economist		Employer (See Instructions) LBNL
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, William <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-2707	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Economist		Employer (See Instructions) LBNL
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milligan, Donald <hr/> Contributor address; City; State; Zip Code Mill Creek, WA 98012-9024	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: 701/1229 Rpt: 704/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milligan, Donald <hr/> 6 Contributor address; City; State; Zip Code Mill Creek, WA 98012-9024	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milligan, Donald <hr/> Contributor address; City; State; Zip Code Mill Creek, WA 98012-9024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milligan, Donald <hr/> Contributor address; City; State; Zip Code Mill Creek, WA 98012-9024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milligan, Donald <hr/> Contributor address; City; State; Zip Code Mill Creek, WA 98012-9024	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milligan, Donald <hr/> Contributor address; City; State; Zip Code Mill Creek, WA 98012-9024	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: 702/1229 Rpt: 705/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Clair <hr/> 6 Contributor address; City; State; Zip Code Leesburg, VA 20176-6091	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Clair <hr/> Contributor address; City; State; Zip Code Leesburg, VA 20176-6091	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Clair <hr/> Contributor address; City; State; Zip Code Leesburg, VA 20176-6091	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Clair <hr/> Contributor address; City; State; Zip Code Leesburg, VA 20176-6091	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Clair <hr/> Contributor address; City; State; Zip Code Leesburg, VA 20176-6091	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: 703/1229 Rpt: 706/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Clair <hr/> 6 Contributor address; City; State; Zip Code Leesburg, VA 20176-6091	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, David <hr/> Contributor address; City; State; Zip Code Shawnee, KS 66227-3050	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Investment Management Consultant		Employer (See Instructions) AllianceBernstein L.P.
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, David <hr/> Contributor address; City; State; Zip Code Shawnee, KS 66227-3050	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Investment Management Consultant		Employer (See Instructions) AllianceBernstein L.P.
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, David <hr/> Contributor address; City; State; Zip Code Shawnee, KS 66227-3050	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Investment Management Consultant		Employer (See Instructions) AllianceBernstein L.P.
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, David <hr/> Contributor address; City; State; Zip Code Shawnee, KS 66227-3050	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Investment Management Consultant		Employer (See Instructions) AllianceBernstein L.P.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 704/1229 Rpt: 707/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, David <hr/> 6 Contributor address; City; State; Zip Code Shawnee, KS 66227-3050	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Investment Management Consultant		9 Employer (See Instructions) AllianceBernstein L.P.
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, David <hr/> Contributor address; City; State; Zip Code Shawnee, KS 66227-3050	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Investment Management Consultant		Employer (See Instructions) AllianceBernstein L.P.
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molmen, Marcia <hr/> Contributor address; City; State; Zip Code Berea, OH 44017-1954	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molmen, Marcia <hr/> Contributor address; City; State; Zip Code Berea, OH 44017-1954	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molmen, Marcia <hr/> Contributor address; City; State; Zip Code Berea, OH 44017-1954	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: 705/1229 Rpt: 708/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molmen, Marcia <hr/> 6 Contributor address; City; State; Zip Code Berea, OH 44017-1954	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molmen, Marcia <hr/> Contributor address; City; State; Zip Code Berea, OH 44017-1954	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molmen, Marcia <hr/> Contributor address; City; State; Zip Code Berea, OH 44017-1954	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	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: 706/1229 Rpt: 709/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	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: 707/1229 Rpt: 710/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	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: 708/1229 Rpt: 711/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105		
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: 709/1229 Rpt: 712/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	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: 710/1229 Rpt: 713/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	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: 711/1229 Rpt: 714/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	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: 712/1229 Rpt: 715/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$15.00
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: 713/1229 Rpt: 716/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$15.00
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: 714/1229 Rpt: 717/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$20.00
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: 715/1229 Rpt: 718/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montague, Steve <hr/> Contributor address; City; State; Zip Code Woodinville, WA 98072-6223	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) EvergreenHealth
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montague, Steve <hr/> Contributor address; City; State; Zip Code Woodinville, WA 98072-6223	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) EvergreenHealth
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montague, Steve <hr/> Contributor address; City; State; Zip Code Woodinville, WA 98072-6223	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) EvergreenHealth

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 716/1229 Rpt: 719/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montague, Steve <hr/> 6 Contributor address; City; State; Zip Code Woodinville, WA 98072-6223	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) EvergreenHealth
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montague, Steve <hr/> Contributor address; City; State; Zip Code Woodinville, WA 98072-6223	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) EvergreenHealth
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montague, Steve <hr/> Contributor address; City; State; Zip Code Woodinville, WA 98072-6223	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) EvergreenHealth
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Robin <hr/> Contributor address; City; State; Zip Code Snohomish, WA 98296-8920	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Meier Clinics
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Robin <hr/> Contributor address; City; State; Zip Code Snohomish, WA 98296-8920	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Meier Clinics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 717/1229 Rpt: 720/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Robin	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Snohomish, WA 98296-8920		
8 Principal occupation / Job title (See Instructions) Therapist		9 Employer (See Instructions) Meier Clinics
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Robin	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Snohomish, WA 98296-8920		
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Meier Clinics
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Robin	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Snohomish, WA 98296-8920		
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Meier Clinics
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Robin	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Snohomish, WA 98296-8920		
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Meier Clinics
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Todd J.	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Seattle, WA 98144-6934		
Principal occupation / Job title (See Instructions) Actor and 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: 718/1229 Rpt: 721/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Todd J.	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Seattle, WA 98144-6934	
8 Principal occupation / Job title (See Instructions) Actor and Teacher		9 Employer (See Instructions) Self Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Todd J.	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Seattle, WA 98144-6934	
Principal occupation / Job title (See Instructions) Actor and Teacher		Employer (See Instructions) Self Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Todd J.	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Seattle, WA 98144-6934	
Principal occupation / Job title (See Instructions) Actor and Teacher		Employer (See Instructions) Self Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Todd J.	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Seattle, WA 98144-6934	
Principal occupation / Job title (See Instructions) Actor and Teacher		Employer (See Instructions) Self Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moran, Marian L.	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Vienna, VA 22182-3430	
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: 719/1229 Rpt: 722/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morganroth, Mayer <hr/> 6 Contributor address; City; State; Zip Code Birmingham, MI 48009-1358	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Morganroth and Morganroth PLLC
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Daniel <hr/> Contributor address; City; State; Zip Code Congers, NY 10920-2514	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Daniel <hr/> Contributor address; City; State; Zip Code Congers, NY 10920-2514	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Daniel <hr/> Contributor address; City; State; Zip Code Congers, NY 10920-2514	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Richard <hr/> Contributor address; City; State; Zip Code Greenbrae, CA 94904-1934	Amount of Contribution (\$) \$100.00
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: 720/1229 Rpt: 723/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morriss, Irene <hr/> 6 Contributor address; City; State; Zip Code San Jose, CA 95120-4920	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morriss, Irene <hr/> Contributor address; City; State; Zip Code San Jose, CA 95120-4920	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morriss, Irene <hr/> Contributor address; City; State; Zip Code San Jose, CA 95120-4920	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morriss, Irene <hr/> Contributor address; City; State; Zip Code San Jose, CA 95120-4920	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morriss, Irene <hr/> Contributor address; City; State; Zip Code San Jose, CA 95120-4920	Amount of Contribution (\$) \$10.00
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: 721/1229 Rpt: 724/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morriss, Irene <hr/> 6 Contributor address; City; State; Zip Code San Jose, CA 95120-4920	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morriss, Irene <hr/> Contributor address; City; State; Zip Code San Jose, CA 95120-4920	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morriss, Irene <hr/> Contributor address; City; State; Zip Code San Jose, CA 95120-4920	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morriss, Irene <hr/> Contributor address; City; State; Zip Code San Jose, CA 95120-4920	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morriss, Irene <hr/> Contributor address; City; State; Zip Code San Jose, CA 95120-4920	Amount of Contribution (\$) \$10.00
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: 722/1229 Rpt: 725/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morriss, Irene <hr/> 6 Contributor address; City; State; Zip Code San Jose, CA 95120-4920	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morriss, Irene <hr/> Contributor address; City; State; Zip Code San Jose, CA 95120-4920	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosca, Eugene O. <hr/> Contributor address; City; State; Zip Code Kutztown, PA 19530-1704	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosca, Eugene O. <hr/> Contributor address; City; State; Zip Code Kutztown, PA 19530-1704	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosca, Eugene O. <hr/> Contributor address; City; State; Zip Code Kutztown, PA 19530-1704	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Author		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: 723/1229 Rpt: 726/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosca, Eugene O.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Kutztown, PA 19530-1704	
8 Principal occupation / Job title (See Instructions) Author		9 Employer (See Instructions) Self Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosca, Eugene O.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Kutztown, PA 19530-1704	
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mosca, Eugene O.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Kutztown, PA 19530-1704	
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moseley, Jessica	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78703-5464	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) cBEYONData
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moseley, Jessica	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Austin, TX 78703-5464	
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) cBEYONData

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 724/1229 Rpt: 727/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moseley, Jessica <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78703-5464	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) cBEYONData
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mountain, Pauline <hr/> Contributor address; City; State; Zip Code Huntsville, AL 35801-6201	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mountain, Pauline <hr/> Contributor address; City; State; Zip Code Huntsville, AL 35801-6201	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mountain, Pauline <hr/> Contributor address; City; State; Zip Code Huntsville, AL 35801-6201	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mountain, Pauline <hr/> Contributor address; City; State; Zip Code Huntsville, AL 35801-6201	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Writer		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: 725/1229 Rpt: 728/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mountain, Pauline <hr/> 6 Contributor address; City; State; Zip Code Huntsville, AL 35801-6201	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Self Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mountain, Pauline <hr/> Contributor address; City; State; Zip Code Huntsville, AL 35801-6201	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Joan <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-6065	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Joan <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-6065	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Joan <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-6065	Amount of Contribution (\$) \$50.00
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: 726/1229 Rpt: 729/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muhammad, Leonard <hr/> 6 Contributor address; City; State; Zip Code Phoenix, AZ 85085-0019	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Logistics		9 Employer (See Instructions) International SOS
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muhammad, Leonard <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85085-0019	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Logistics		Employer (See Instructions) International SOS
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muhammad, Leonard <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85085-0019	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Logistics		Employer (See Instructions) International SOS
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muhammad, Leonard <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85085-0019	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Logistics		Employer (See Instructions) International SOS
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muhammad, Leonard <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85085-0019	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Logistics		Employer (See Instructions) International SOS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 727/1229 Rpt: 730/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Muhammad, Leonard <hr/> 6 Contributor address; City; State; Zip Code Phoenix, AZ 85085-0019	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Logistics		9 Employer (See Instructions) International SOS
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mukherjee, Joan <hr/> Contributor address; City; State; Zip Code Marble Falls, TX 78654-3368	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munger, Philip <hr/> Contributor address; City; State; Zip Code New York, NY 10011-8843	Amount of Contribution (\$) \$50,000.00
Principal occupation / Job title (See Instructions) Investor		Employer (See Instructions) Self Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Nancy B. <hr/> Contributor address; City; State; Zip Code Oak Ridge, TN 37830-5918	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Nancy B. <hr/> Contributor address; City; State; Zip Code Oak Ridge, TN 37830-5918	Amount of Contribution (\$) \$15.00
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: 728/1229 Rpt: 731/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Nancy B.	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Oak Ridge, TN 37830-5918	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Nancy B.	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Oak Ridge, TN 37830-5918	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Nancy B.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Oak Ridge, TN 37830-5918	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Nancy B.	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Oak Ridge, TN 37830-5918	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Nancy B.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Oak Ridge, TN 37830-5918	
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: 729/1229 Rpt: 732/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Nancy B. <hr/> 6 Contributor address; City; State; Zip Code Oak Ridge, TN 37830-5918	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Nancy B. <hr/> Contributor address; City; State; Zip Code Oak Ridge, TN 37830-5918	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Nancy B. <hr/> Contributor address; City; State; Zip Code Oak Ridge, TN 37830-5918	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munro, Nancy B. <hr/> Contributor address; City; State; Zip Code Oak Ridge, TN 37830-5918	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Margaret L. <hr/> Contributor address; City; State; Zip Code Penn Valley, CA 95946-8806	Amount of Contribution (\$) \$10.00
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: 730/1229 Rpt: 733/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Margaret L. <hr/> 6 Contributor address; City; State; Zip Code Penn Valley, CA 95946-8806	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Margaret L. <hr/> Contributor address; City; State; Zip Code Penn Valley, CA 95946-8806	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Margaret L. <hr/> Contributor address; City; State; Zip Code Penn Valley, CA 95946-8806	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Margaret L. <hr/> Contributor address; City; State; Zip Code Penn Valley, CA 95946-8806	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Margaret L. <hr/> Contributor address; City; State; Zip Code Penn Valley, CA 95946-8806	Amount of Contribution (\$) \$20.00
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: 731/1229 Rpt: 734/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Margaret L.	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Penn Valley, CA 95946-8806	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Margaret L.	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Penn Valley, CA 95946-8806	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Margaret L.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Penn Valley, CA 95946-8806	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Margaret L.	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Penn Valley, CA 95946-8806	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Margaret L.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Penn Valley, CA 95946-8806	
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: 732/1229 Rpt: 735/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Margaret L.	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Penn Valley, CA 95946-8806	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Myra	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Juneau, AK 99801-1334	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sonosky Chambers Law Firm LLP
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Myra	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Juneau, AK 99801-1334	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sonosky Chambers Law Firm LLP
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Myra	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Juneau, AK 99801-1334	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sonosky Chambers Law Firm LLP
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Myra	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Juneau, AK 99801-1334	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sonosky Chambers Law Firm LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 733/1229 Rpt: 736/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Myra <hr/> 6 Contributor address; City; State; Zip Code Juneau, AK 99801-1334	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Sonosky Chambers Law Firm LLP
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Myra <hr/> Contributor address; City; State; Zip Code Juneau, AK 99801-1334	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sonosky Chambers Law Firm LLP
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murin, Dawn <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-3018	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior Art Director		Employer (See Instructions) Wizards of the Coast
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murin, Dawn <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-3018	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior Art Director		Employer (See Instructions) Wizards of the Coast
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murin, Dawn <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-3018	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior Art Director		Employer (See Instructions) Wizards of the Coast

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 734/1229 Rpt: 737/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murin, Dawn <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98116-3018	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Senior Art Director		9 Employer (See Instructions) Wizards of the Coast
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murin, Dawn <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-3018	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior Art Director		Employer (See Instructions) Wizards of the Coast
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murin, Dawn <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-3018	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior Art Director		Employer (See Instructions) Wizards of the Coast
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murin, Dawn <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-3018	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior Art Director		Employer (See Instructions) Wizards of the Coast
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murin, Dawn <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-3018	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior Art Director		Employer (See Instructions) Wizards of the Coast

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 735/1229 Rpt: 738/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murin, Dawn <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98116-3018	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Senior Art Director		9 Employer (See Instructions) Wizards of the Coast
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murin, Dawn <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-3018	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior Art Director		Employer (See Instructions) Wizards of the Coast
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murin, Dawn <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-3018	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Senior Art Director		Employer (See Instructions) Wizards of the Coast
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murin, Dawn <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-3018	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Senior Art Director		Employer (See Instructions) Wizards of the Coast
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Christopher <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30308-3443	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: 736/1229 Rpt: 739/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Christopher	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Atlanta, GA 30308-3443		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Christopher	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Atlanta, GA 30308-3443		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Christopher	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Atlanta, GA 30308-3443		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Christopher	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Atlanta, GA 30308-3443		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Christopher	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Atlanta, GA 30308-3443		
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: 737/1229 Rpt: 740/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Desmond <hr/> 6 Contributor address; City; State; Zip Code Beaverton, OR 97007-2732	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Tommy <hr/> Contributor address; City; State; Zip Code Bangkok, DC 20000	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Tommy <hr/> Contributor address; City; State; Zip Code Bangkok, DC 20000	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Tommy <hr/> Contributor address; City; State; Zip Code Bangkok, DC 20000	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Tommy <hr/> Contributor address; City; State; Zip Code Bangkok, DC 20000	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: 738/1229 Rpt: 741/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Alexander <hr/> 6 Contributor address; City; State; Zip Code Altadena, CA 91001-3418	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Systems Engineer		9 Employer (See Instructions) California Institute of Technology
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Alexander <hr/> Contributor address; City; State; Zip Code Altadena, CA 91001-3418	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Systems Engineer		Employer (See Instructions) California Institute of Technology
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Alexander <hr/> Contributor address; City; State; Zip Code Altadena, CA 91001-3418	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Systems Engineer		Employer (See Instructions) California Institute of Technology
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Alexander <hr/> Contributor address; City; State; Zip Code Altadena, CA 91001-3418	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Systems Engineer		Employer (See Instructions) California Institute of Technology
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Alexander <hr/> Contributor address; City; State; Zip Code Altadena, CA 91001-3418	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Systems Engineer		Employer (See Instructions) California Institute of Technology

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 739/1229 Rpt: 742/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray, Alexander <hr/> 6 Contributor address; City; State; Zip Code Altadena, CA 91001-3418	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Systems Engineer		9 Employer (See Instructions) California Institute of Technology
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nachbar, Shepherd <hr/> Contributor address; City; State; Zip Code New Fairfield, CT 06812-2532	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nadell, Carol <hr/> Contributor address; City; State; Zip Code New York, NY 10011-6343	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nadell, Carol <hr/> Contributor address; City; State; Zip Code New York, NY 10011-6343	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nadell, Carol <hr/> Contributor address; City; State; Zip Code New York, NY 10011-6343	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: 740/1229 Rpt: 743/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nadell, Carol <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10011-6343	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nadell, Carol <hr/> Contributor address; City; State; Zip Code New York, NY 10011-6343	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nadell, Carol <hr/> Contributor address; City; State; Zip Code New York, NY 10011-6343	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nagle, Jack <hr/> Contributor address; City; State; Zip Code Oakland, CA 94611-3161	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nagle, Jack <hr/> Contributor address; City; State; Zip Code Oakland, CA 94611-3161	Amount of Contribution (\$) \$50.00
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: 741/1229 Rpt: 744/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nagle, John 6 Contributor address; City; State; Zip Code Oakland, CA 94611-3161	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nagle, John Contributor address; City; State; Zip Code Oakland, CA 94611-3161	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nagle, John Contributor address; City; State; Zip Code Oakland, CA 94611-3161	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nagle, John Contributor address; City; State; Zip Code Oakland, CA 94611-3161	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nagle, John Contributor address; City; State; Zip Code Oakland, CA 94611-3161	Amount of Contribution (\$) \$20.00
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: 742/1229 Rpt: 745/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nagle, John <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94611-3161	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10044-0160	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10044-0160	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10044-0160	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10044-0160	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: 743/1229 Rpt: 746/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10044-0160	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10044-0160	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10044-0160	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10044-0160	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10044-0160	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: 744/1229 Rpt: 747/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10044-0160	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance <hr/> Contributor address; City; State; Zip Code New York, NY 10044-0160	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Navarro, Ali <hr/> Contributor address; City; State; Zip Code San Rafael, CA 94901-3633	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Navin, Robert <hr/> Contributor address; City; State; Zip Code Vienna, VA 22181-5921	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Navin, Robert <hr/> Contributor address; City; State; Zip Code Vienna, VA 22181-5921	Amount of Contribution (\$) \$150.00
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: 745/1229 Rpt: 748/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neal, Mary <hr/> 6 Contributor address; City; State; Zip Code Saint Louis, MO 63105-2110	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Needell, Allan <hr/> Contributor address; City; State; Zip Code Washington, DC 20002-4908	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Curator		Employer (See Instructions) Smithsonian Institution
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neidorf, Kenneth <hr/> Contributor address; City; State; Zip Code Waltham, MA 02451-0860	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Raytheon Technologies Corporation
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelsen, Judith <hr/> Contributor address; City; State; Zip Code Chicago, IL 60614-2946	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelsen, Judith <hr/> Contributor address; City; State; Zip Code Fort Wayne, IN 46804-7008	Amount of Contribution (\$) \$100.00
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: 746/1229 Rpt: 749/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelsen, Judith <hr/> 6 Contributor address; City; State; Zip Code Fort Wayne, IN 46804-7008	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Michele <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27604-4729	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Michele <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27604-4729	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Michele <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27604-4729	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Michele <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27604-4729	Amount of Contribution (\$) \$45.00
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: 747/1229 Rpt: 750/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Michele <hr/> 6 Contributor address; City; State; Zip Code Raleigh, NC 27604-4729	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Nancy <hr/> Contributor address; City; State; Zip Code Concord, MA 01742-5222	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Nancy <hr/> Contributor address; City; State; Zip Code Concord, MA 01742-5222	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nettelmann, William <hr/> Contributor address; City; State; Zip Code APO, DC 20000	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nettelmann, William <hr/> Contributor address; City; State; Zip Code APO, DC 20000	Amount of Contribution (\$) \$50.00
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: 748/1229 Rpt: 751/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nettelmann, William <hr/> 6 Contributor address; City; State; Zip Code APO, DC 20000	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nettelmann, William <hr/> Contributor address; City; State; Zip Code APO, DC 20000	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nettelmann, William <hr/> Contributor address; City; State; Zip Code APO, DC 20000	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nettelmann, William <hr/> Contributor address; City; State; Zip Code APO, DC 20000	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neuschel, Fred <hr/> Contributor address; City; State; Zip Code Crystal Lake, IL 60014-6112	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: 749/1229 Rpt: 752/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neuschel, Fred <hr/> 6 Contributor address; City; State; Zip Code Crystal Lake, IL 60014-6112	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neuschel, Fred <hr/> Contributor address; City; State; Zip Code Crystal Lake, IL 60014-6112	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neuschel, Fred <hr/> Contributor address; City; State; Zip Code Crystal Lake, IL 60014-6112	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neuschel, Fred <hr/> Contributor address; City; State; Zip Code Crystal Lake, IL 60014-6112	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neuschel, Fred <hr/> Contributor address; City; State; Zip Code Crystal Lake, IL 60014-6112	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: 750/1229 Rpt: 753/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newbern, Gordon <hr/> 6 Contributor address; City; State; Zip Code Little Rock, AR 72205-2035	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) OA
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newbern, Gordon <hr/> Contributor address; City; State; Zip Code Little Rock, AR 72205-2035	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) OA
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newbern, Gordon <hr/> Contributor address; City; State; Zip Code Little Rock, AR 72205-2035	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) OA
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newbern, Gordon <hr/> Contributor address; City; State; Zip Code Little Rock, AR 72205-2035	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) OA
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newbern, Gordon <hr/> Contributor address; City; State; Zip Code Little Rock, AR 72205-2035	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) OA

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 751/1229 Rpt: 754/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newbern, Gordon <hr/> 6 Contributor address; City; State; Zip Code Little Rock, AR 72205-2035	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) OA
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newbern, Gordon <hr/> Contributor address; City; State; Zip Code Little Rock, AR 72205-2035	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) OA
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newbern, Gordon <hr/> Contributor address; City; State; Zip Code Little Rock, AR 72205-2035	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) OA
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newbern, Gordon <hr/> Contributor address; City; State; Zip Code Little Rock, AR 72205-2035	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) OA
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Harold <hr/> Contributor address; City; State; Zip Code Aventura, FL 33180-2417	Amount of Contribution (\$) \$5.00
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: 752/1229 Rpt: 755/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Harold	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Aventura, FL 33180-2417		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Harold	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Aventura, FL 33180-2417		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Harold	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Aventura, FL 33180-2417		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Harold	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Aventura, FL 33180-2417		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Harold	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Aventura, FL 33180-2417		
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: 753/1229 Rpt: 756/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	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 33180-2417	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Harold <hr/> Contributor address; City; State; Zip Code Aventura, FL 33180-2417	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Harold <hr/> Contributor address; City; State; Zip Code Aventura, FL 33180-2417	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Harold <hr/> Contributor address; City; State; Zip Code Aventura, FL 33180-2417	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Harold <hr/> Contributor address; City; State; Zip Code Aventura, FL 33180-2417	Amount of Contribution (\$) \$10.00
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: 754/1229 Rpt: 757/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	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 33180-2417	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Harold <hr/> Contributor address; City; State; Zip Code Aventura, FL 33180-2417	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Harold <hr/> Contributor address; City; State; Zip Code Aventura, FL 33180-2417	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Joan <hr/> Contributor address; City; State; Zip Code Bluemont, VA 20135-2070	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Joan <hr/> Contributor address; City; State; Zip Code Bluemont, VA 20135-2070	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: 755/1229 Rpt: 758/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Joan <hr/> 6 Contributor address; City; State; Zip Code Bluemont, VA 20135-2070	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Joan <hr/> Contributor address; City; State; Zip Code Bluemont, VA 20135-2070	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Joan <hr/> Contributor address; City; State; Zip Code Bluemont, VA 20135-2070	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Joan <hr/> Contributor address; City; State; Zip Code Bluemont, VA 20135-2070	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman Zohir, Katharine <hr/> Contributor address; City; State; Zip Code Celebration, FL 34747-5476	Amount of Contribution (\$) \$50.00
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: 756/1229 Rpt: 759/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman Zohir, Katharine <hr/> 6 Contributor address; City; State; Zip Code Celebration, FL 34747-5476	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newsome, Richard <hr/> Contributor address; City; State; Zip Code Indianapolis, IN 46268-4009	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols-Cordero, Patricia <hr/> Contributor address; City; State; Zip Code Woburn, MA 01801-4024	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Nuance Communications
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols-Cordero, Patricia <hr/> Contributor address; City; State; Zip Code Woburn, MA 01801-4024	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Nuance Communications
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols-Cordero, Patricia <hr/> Contributor address; City; State; Zip Code Woburn, MA 01801-4024	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Nuance Communications

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 757/1229 Rpt: 760/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols-Cordero, Patricia <hr/> 6 Contributor address; City; State; Zip Code Woburn, MA 01801-4024	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Program Manager		9 Employer (See Instructions) Nuance Communications
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols-Cordero, Patricia <hr/> Contributor address; City; State; Zip Code Woburn, MA 01801-4024	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Nuance Communications
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nichols-Cordero, Patricia <hr/> Contributor address; City; State; Zip Code Woburn, MA 01801-4024	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Nuance Communications
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nielsen, Alberta <hr/> Contributor address; City; State; Zip Code Elk Grove, CA 95624-2545	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nielsen, Alberta <hr/> Contributor address; City; State; Zip Code Elk Grove, CA 95624-2545	Amount of Contribution (\$) \$50.00
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: 758/1229 Rpt: 761/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nielsen, Alberta <hr/> 6 Contributor address; City; State; Zip Code Elk Grove, CA 95624-2545	7 Amount of Contribution (\$) \$38.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nielsen, Alberta <hr/> Contributor address; City; State; Zip Code Elk Grove, CA 95624-2545	Amount of Contribution (\$) \$38.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niemann, Edward <hr/> Contributor address; City; State; Zip Code Harrisburg, PA 17112-2102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niemann, Edward <hr/> Contributor address; City; State; Zip Code Harrisburg, PA 17112-2102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niemann, Edward <hr/> Contributor address; City; State; Zip Code Harrisburg, PA 17112-2102	Amount of Contribution (\$) \$50.00
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: 759/1229 Rpt: 762/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niemann, Edward	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Harrisburg, PA 17112-2102		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niemann, Edward	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Harrisburg, PA 17112-2102		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niemann, Edward	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Harrisburg, PA 17112-2102		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nightingale, Elesha	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Chicago, IL 60615-5356		
Principal occupation / Job title (See Instructions) Director of Public Policy		Employer (See Instructions) Polaris
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niland, John	Amount of Contribution (\$) \$27.00
Contributor address; City; State; Zip Code Orchid, FL 32963-9524		
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: 760/1229 Rpt: 763/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niland, John <hr/> 6 Contributor address; City; State; Zip Code Orchid, FL 32963-9524	7 Amount of Contribution (\$) \$27.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niland, John <hr/> Contributor address; City; State; Zip Code Orchid, FL 32963-9524	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niland, John <hr/> Contributor address; City; State; Zip Code Orchid, FL 32963-9524	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niland, John <hr/> Contributor address; City; State; Zip Code Orchid, FL 32963-9524	Amount of Contribution (\$) \$27.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niland, John <hr/> Contributor address; City; State; Zip Code Orchid, FL 32963-9524	Amount of Contribution (\$) \$27.00
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: 761/1229 Rpt: 764/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Northcutt, Barbara <hr/> 6 Contributor address; City; State; Zip Code Corona Del Mar, CA 92625-1405	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Northcutt, Barbara <hr/> Contributor address; City; State; Zip Code Corona Del Mar, CA 92625-1405	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Northcutt, Barbara <hr/> Contributor address; City; State; Zip Code Corona Del Mar, CA 92625-1405	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Northcutt, Barbara <hr/> Contributor address; City; State; Zip Code Corona Del Mar, CA 92625-1405	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Northcutt, Barbara <hr/> Contributor address; City; State; Zip Code Corona Del Mar, CA 92625-1405	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: 762/1229 Rpt: 765/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Northcutt, Barbara <hr/> 6 Contributor address; City; State; Zip Code Corona Del Mar, CA 92625-1405	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nostrant, Linda <hr/> Contributor address; City; State; Zip Code Aptos, CA 95003-5703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novak, Rita <hr/> Contributor address; City; State; Zip Code Chicago, IL 60605-2060	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novak, Rita <hr/> Contributor address; City; State; Zip Code Chicago, IL 60605-2060	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novak, Rita <hr/> Contributor address; City; State; Zip Code Chicago, IL 60605-2060	Amount of Contribution (\$) \$50.00
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: 763/1229 Rpt: 766/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novak, Rita	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Chicago, IL 60605-2060		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novak, Rita	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Chicago, IL 60605-2060		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novak, Rita	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Chicago, IL 60605-2060		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowak, Jeffrey	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Edina, MN 55424-1944		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowak, Jeffrey	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Edina, MN 55424-1944		
Principal occupation / Job title (See Instructions) Physician		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: 764/1229 Rpt: 767/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowak, Jeffrey <hr/> 6 Contributor address; City; State; Zip Code Edina, MN 55424-1944	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowak, Jeffrey <hr/> Contributor address; City; State; Zip Code Edina, MN 55424-1944	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowak, Jeffrey <hr/> Contributor address; City; State; Zip Code Edina, MN 55424-1944	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowak, Jeffrey <hr/> Contributor address; City; State; Zip Code Edina, MN 55424-1944	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowicki, Margaret <hr/> Contributor address; City; State; Zip Code Lambertville, MI 48144-8702	Amount of Contribution (\$) \$20.00
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: 765/1229 Rpt: 768/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowicki, Margaret <hr/> 6 Contributor address; City; State; Zip Code Lambertville, MI 48144-8702	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowicki, Margaret <hr/> Contributor address; City; State; Zip Code Lambertville, MI 48144-8702	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowicki, Margaret <hr/> Contributor address; City; State; Zip Code Lambertville, MI 48144-8702	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nowicki, Margaret <hr/> Contributor address; City; State; Zip Code Lambertville, MI 48144-8702	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nutting, Darla <hr/> Contributor address; City; State; Zip Code Tempe, AZ 85284-1317	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Early Warning

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 766/1229 Rpt: 769/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nutting, Darla	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Tempe, AZ 85284-1317		
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Early Warning
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nutting, Darla	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Tempe, AZ 85284-1317		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Early Warning
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nutting, Darla	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Tempe, AZ 85284-1317		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Early Warning
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nutting, Darla	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Tempe, AZ 85284-1317		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Early Warning
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nutting, Darla	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Tempe, AZ 85284-1317		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Early Warning

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 767/1229 Rpt: 770/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nyreen, Thomas <hr/> 6 Contributor address; City; State; Zip Code Massapequa, NY 11758-6124	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nyreen, Thomas <hr/> Contributor address; City; State; Zip Code Massapequa, NY 11758-6124	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nyreen, Thomas <hr/> Contributor address; City; State; Zip Code Massapequa, NY 11758-6124	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Dell, Donald <hr/> Contributor address; City; State; Zip Code Albany, NY 12203-1953	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Dell, Donald <hr/> Contributor address; City; State; Zip Code Albany, NY 12203-1953	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: 768/1229 Rpt: 771/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Dell, Donald <hr/> 6 Contributor address; City; State; Zip Code Albany, NY 12203-1953	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Dell, Donald <hr/> Contributor address; City; State; Zip Code Albany, NY 12203-1953	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Dell, Donald <hr/> Contributor address; City; State; Zip Code Albany, NY 12203-1953	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Keefe, Tara <hr/> Contributor address; City; State; Zip Code Marstons Mills, MA 02648-1812	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Keefe, Tara <hr/> Contributor address; City; State; Zip Code Marstons Mills, MA 02648-1812	Amount of Contribution (\$) \$20.00
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: 769/1229 Rpt: 772/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Keefe, Tara <hr/> 6 Contributor address; City; State; Zip Code Marstons Mills, MA 02648-1812	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Keefe, Tara <hr/> Contributor address; City; State; Zip Code Marstons Mills, MA 02648-1812	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Keefe, Tara <hr/> Contributor address; City; State; Zip Code Marstons Mills, MA 02648-1812	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Keefe, Tara <hr/> Contributor address; City; State; Zip Code Marstons Mills, MA 02648-1812	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Rourke, Christopher <hr/> Contributor address; City; State; Zip Code Cary, NC 27519-7367	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineering Leader		Employer (See Instructions) Cisco Systems Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 770/1229 Rpt: 773/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Rourke, Christopher	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Cary, NC 27519-7367		
8 Principal occupation / Job title (See Instructions) Engineering Leader		9 Employer (See Instructions) Cisco Systems Inc.
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Rourke, Christopher	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cary, NC 27519-7367		
Principal occupation / Job title (See Instructions) Engineering Leader		Employer (See Instructions) Cisco Systems Inc.
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Rourke, Christopher	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cary, NC 27519-7367		
Principal occupation / Job title (See Instructions) Engineering Leader		Employer (See Instructions) Cisco Systems Inc.
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Rourke, Christopher	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cary, NC 27519-7367		
Principal occupation / Job title (See Instructions) Engineering Leader		Employer (See Instructions) Cisco Systems Inc.
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Rourke, Christopher	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cary, NC 27519-7367		
Principal occupation / Job title (See Instructions) Engineering Leader		Employer (See Instructions) Cisco Systems Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 771/1229 Rpt: 774/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Obla, Godwin <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77056-7218	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ockert, Kristin <hr/> Contributor address; City; State; Zip Code Ventura, CA 93003-1044	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ockert, Kristin <hr/> Contributor address; City; State; Zip Code Ventura, CA 93003-1044	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ockert, Kristin <hr/> Contributor address; City; State; Zip Code Ventura, CA 93003-1044	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ockert, Kristin <hr/> Contributor address; City; State; Zip Code Ventura, CA 93003-1044	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: 772/1229 Rpt: 775/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ockert, Kristin <hr/> 6 Contributor address; City; State; Zip Code Ventura, CA 93003-1044	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ockert, Kristin <hr/> Contributor address; City; State; Zip Code Ventura, CA 93003-1044	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ocone, Daniel <hr/> Contributor address; City; State; Zip Code Freeville, NY 13068-9752	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogburn, Sally <hr/> Contributor address; City; State; Zip Code Atlantic Beach, FL 32233-5438	Amount of Contribution (\$) \$20.22
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogburn, Sally <hr/> Contributor address; City; State; Zip Code Atlantic Beach, FL 32233-5438	Amount of Contribution (\$) \$20.22
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: 773/1229 Rpt: 776/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogburn, Sally <hr/> 6 Contributor address; City; State; Zip Code Atlantic Beach, FL 32233-5438	7 Amount of Contribution (\$) \$20.22
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogburn, Sally <hr/> Contributor address; City; State; Zip Code Atlantic Beach, FL 32233-5438	Amount of Contribution (\$) \$20.22
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogburn, Sally <hr/> Contributor address; City; State; Zip Code Atlantic Beach, FL 32233-5438	Amount of Contribution (\$) \$20.22
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ogburn, Sally <hr/> Contributor address; City; State; Zip Code Atlantic Beach, FL 32233-5438	Amount of Contribution (\$) \$20.22
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, Carly <hr/> Contributor address; City; State; Zip Code Parker, CO 80134-6041	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Healthcare Resource		Employer (See Instructions) Endura

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 774/1229 Rpt: 777/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, Carly	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Parker, CO 80134-6041		
8 Principal occupation / Job title (See Instructions) Healthcare Resource		9 Employer (See Instructions) Endura
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, Carly	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Parker, CO 80134-6041		
Principal occupation / Job title (See Instructions) Healthcare Resource		Employer (See Instructions) Endura
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, Carly	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Parker, CO 80134-6041		
Principal occupation / Job title (See Instructions) Healthcare Resource		Employer (See Instructions) Endura
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, Carly	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Parker, CO 80134-6041		
Principal occupation / Job title (See Instructions) Healthcare Resource		Employer (See Instructions) Endura
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, Carly	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Parker, CO 80134-6041		
Principal occupation / Job title (See Instructions) Healthcare Resource		Employer (See Instructions) Endura

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 775/1229 Rpt: 778/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, David <hr/> 6 Contributor address; City; State; Zip Code Ventura, CA 93001-9745	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, James C. <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28277-2539	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Healthcare Executive		Employer (See Instructions) Atrium Health
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, James C. <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28277-2539	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Healthcare Executive		Employer (See Instructions) Atrium Health
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, James C. <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28277-2539	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Healthcare Executive		Employer (See Instructions) Atrium Health
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, James C. <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28277-2539	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Healthcare Executive		Employer (See Instructions) Atrium Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 776/1229 Rpt: 779/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, James C.	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Charlotte, NC 28277-2539	
8 Principal occupation / Job title (See Instructions) Healthcare Executive		9 Employer (See Instructions) Atrium Health
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, James C.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Charlotte, NC 28277-2539	
Principal occupation / Job title (See Instructions) Healthcare Executive		Employer (See Instructions) Atrium Health
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, Jerry	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Blaine, WA 98230-9059	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, Jerry	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Blaine, WA 98230-9059	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, Jerry	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Blaine, WA 98230-9059	
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: 777/1229 Rpt: 780/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, Jerry <hr/> 6 Contributor address; City; State; Zip Code Blaine, WA 98230-9059	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, Jerry <hr/> Contributor address; City; State; Zip Code Blaine, WA 98230-9059	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olsen, Jerry <hr/> Contributor address; City; State; Zip Code Blaine, WA 98230-9059	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Barbara T. <hr/> Contributor address; City; State; Zip Code Gaithersburg, MD 20877-2832	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Kit <hr/> Contributor address; City; State; Zip Code Edina, MN 55436-2231	Amount of Contribution (\$) \$20.00
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: 778/1229 Rpt: 781/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Kit <hr/> 6 Contributor address; City; State; Zip Code Edina, MN 55436-2231	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Kit <hr/> Contributor address; City; State; Zip Code Edina, MN 55436-2231	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Kit <hr/> Contributor address; City; State; Zip Code Edina, MN 55436-2231	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Kit <hr/> Contributor address; City; State; Zip Code Edina, MN 55436-2231	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Kit <hr/> Contributor address; City; State; Zip Code Edina, MN 55436-2231	Amount of Contribution (\$) \$20.00
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: 779/1229 Rpt: 782/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Olson, Stephen <hr/> 6 Contributor address; City; State; Zip Code Reno, NV 89511-9010	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Daytime LLC
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, Dawson <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-5418	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, Dawson <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-5418	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Orr, Dawson <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-5418	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Toni <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90815-1257	Amount of Contribution (\$) \$50.00
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: 780/1229 Rpt: 783/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Toni <hr/> 6 Contributor address; City; State; Zip Code Long Beach, CA 90815-1257	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Toni <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90815-1257	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Toni <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90815-1257	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Toni <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90815-1257	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ortiz, Toni <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90815-1257	Amount of Contribution (\$) \$50.00
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: 781/1229 Rpt: 784/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Greg <hr/> 6 Contributor address; City; State; Zip Code Salt Lake City, UT 84108-1810	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) TargetCW
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Greg <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84108-1810	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) TargetCW
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Greg <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84108-1810	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) TargetCW
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Greg <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84108-1810	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) TargetCW
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Greg <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84108-1810	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) TargetCW

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 782/1229 Rpt: 785/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ostrander, Greg <hr/> 6 Contributor address; City; State; Zip Code Salt Lake City, UT 84108-1810	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) TargetCW
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Otten, Eric <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11238-6408	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Video Editor		Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ottinh, Larry <hr/> Contributor address; City; State; Zip Code Glendale, OR 97442-9783	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ottinh, Larry <hr/> Contributor address; City; State; Zip Code Glendale, OR 97442-9783	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ottinh, Larry <hr/> Contributor address; City; State; Zip Code Glendale, OR 97442-9783	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: 783/1229 Rpt: 786/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ottinh, Larry <hr/> 6 Contributor address; City; State; Zip Code Glendale, OR 97442-9783	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ottinh, Larry <hr/> Contributor address; City; State; Zip Code Glendale, OR 97442-9783	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ottinh, Larry <hr/> Contributor address; City; State; Zip Code Glendale, OR 97442-9783	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Richard <hr/> Contributor address; City; State; Zip Code Annandale, VA 22003-4058	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Richard <hr/> Contributor address; City; State; Zip Code Annandale, VA 22003-4058	Amount of Contribution (\$) \$18.00
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: 784/1229 Rpt: 787/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Richard <hr/> 6 Contributor address; City; State; Zip Code Annandale, VA 22003-4058	7 Amount of Contribution (\$) \$18.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Richard <hr/> Contributor address; City; State; Zip Code Annandale, VA 22003-4058	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Richard <hr/> Contributor address; City; State; Zip Code Annandale, VA 22003-4058	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owens, Richard <hr/> Contributor address; City; State; Zip Code Annandale, VA 22003-4058	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page, William <hr/> Contributor address; City; State; Zip Code Geneva, FL 32732-9408	Amount of Contribution (\$) \$50.00
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: 785/1229 Rpt: 788/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page, William <hr/> 6 Contributor address; City; State; Zip Code Geneva, FL 32732-9408	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page, William <hr/> Contributor address; City; State; Zip Code Geneva, FL 32732-9408	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paine, Mary <hr/> Contributor address; City; State; Zip Code Lincoln, NE 68510-4023	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paine, Mary <hr/> Contributor address; City; State; Zip Code Lincoln, NE 68510-4023	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paine, Mary <hr/> Contributor address; City; State; Zip Code Lincoln, NE 68510-4023	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Psychologist		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: 786/1229 Rpt: 789/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paine, Mary	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Lincoln, NE 68510-4023		
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Self Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paine, Mary	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Lincoln, NE 68510-4023		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paine, Mary	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Lincoln, NE 68510-4023		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paine, Mary	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Lincoln, NE 68510-4023		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paine, Mary	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Lincoln, NE 68510-4023		
Principal occupation / Job title (See Instructions) Psychologist		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: 787/1229 Rpt: 790/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paine, Mary	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Lincoln, NE 68510-4023		
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Self Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paine, Mary	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Lincoln, NE 68510-4023		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paine, Mary	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Lincoln, NE 68510-4023		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paine, Mary	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Lincoln, NE 68510-4023		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Barbara	Amount of Contribution (\$) \$38.00
Contributor address; City; State; Zip Code Glenview, IL 60025-1912		
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: 788/1229 Rpt: 791/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Barbara <hr/> 6 Contributor address; City; State; Zip Code Glenview, IL 60025-1912	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palmer, Barbara <hr/> Contributor address; City; State; Zip Code Glenview, IL 60025-1912	Amount of Contribution (\$) \$38.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pardee, Thomas <hr/> Contributor address; City; State; Zip Code Califon, NJ 07830-0314	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pardee, Thomas <hr/> Contributor address; City; State; Zip Code Califon, NJ 07830-0314	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pardee, Thomas <hr/> Contributor address; City; State; Zip Code Califon, NJ 07830-0314	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: 789/1229 Rpt: 792/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pardee, Thomas <hr/> 6 Contributor address; City; State; Zip Code Califon, NJ 07830-0314	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pardee, Thomas <hr/> Contributor address; City; State; Zip Code Califon, NJ 07830-0314	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pardee, Thomas <hr/> Contributor address; City; State; Zip Code Califon, NJ 07830-0314	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parini, Barbara <hr/> Contributor address; City; State; Zip Code Naples, FL 34110-4603	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Priest		Employer (See Instructions) St. Marys Episcopal Church
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parini, Barbara <hr/> Contributor address; City; State; Zip Code Naples, FL 34110-4603	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Priest		Employer (See Instructions) St. Marys Episcopal Church

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 790/1229 Rpt: 793/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parini, Barbara <hr/> 6 Contributor address; City; State; Zip Code Naples, FL 34110-4603	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Priest		9 Employer (See Instructions) St. Marys Episcopal Church
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parini, Barbara <hr/> Contributor address; City; State; Zip Code Naples, FL 34110-4603	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Priest		Employer (See Instructions) St. Marys Episcopal Church
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parini, Barbara <hr/> Contributor address; City; State; Zip Code Naples, FL 34110-4603	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Priest		Employer (See Instructions) St. Marys Episcopal Church
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Jane <hr/> Contributor address; City; State; Zip Code Fort Walton Beach, FL 32547-7308	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) University of California San Francisco
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Jane <hr/> Contributor address; City; State; Zip Code Fort Walton Beach, FL 32547-7308	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) University of California San Francisco

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 791/1229 Rpt: 794/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Jane <hr/> 6 Contributor address; City; State; Zip Code Fort Walton Beach, FL 32547-7308	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Researcher		9 Employer (See Instructions) University of California San Francisco
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Jane <hr/> Contributor address; City; State; Zip Code Fort Walton Beach, FL 32547-7308	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) University of California San Francisco
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Jane <hr/> Contributor address; City; State; Zip Code Fort Walton Beach, FL 32547-7308	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) University of California San Francisco
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Park, Jane <hr/> Contributor address; City; State; Zip Code Fort Walton Beach, FL 32547-7308	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) University of California San Francisco
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Augustin <hr/> Contributor address; City; State; Zip Code Marblehead, MA 01945-1108	Amount of Contribution (\$) \$100.00
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: 792/1229 Rpt: 795/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkhill, Judith <hr/> 6 Contributor address; City; State; Zip Code Falmouth, ME 04105-1990	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkin, Lamar <hr/> Contributor address; City; State; Zip Code Mahopac, NY 10541-5400	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) International Business Machines Corporation
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkin, Lamar <hr/> Contributor address; City; State; Zip Code Mahopac, NY 10541-5400	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) International Business Machines Corporation
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkin, Lamar <hr/> Contributor address; City; State; Zip Code Mahopac, NY 10541-5400	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) International Business Machines Corporation
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkin, Lamar <hr/> Contributor address; City; State; Zip Code Mahopac, NY 10541-5400	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) International Business Machines Corporation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 793/1229 Rpt: 796/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkin, Lamar <hr/> 6 Contributor address; City; State; Zip Code Mahopac, NY 10541-5400	7 Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
8 Principal occupation / Job title (See Instructions) Finance		9 Employer (See Instructions) International Business Machines Corporation
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkin, Lamar <hr/> Contributor address; City; State; Zip Code Mahopac, NY 10541-5400	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) International Business Machines Corporation
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkin, Lamar <hr/> Contributor address; City; State; Zip Code Mahopac, NY 10541-5400	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) International Business Machines Corporation
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkin, Lamar <hr/> Contributor address; City; State; Zip Code Mahopac, NY 10541-5400	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) International Business Machines Corporation
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkin, Lamar <hr/> Contributor address; City; State; Zip Code Mahopac, NY 10541-5400	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) International Business Machines Corporation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 794/1229 Rpt: 797/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkin, Lamar <hr/> 6 Contributor address; City; State; Zip Code Mahopac, NY 10541-5400	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Finance		9 Employer (See Instructions) International Business Machines Corporation
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkin, Lamar <hr/> Contributor address; City; State; Zip Code Mahopac, NY 10541-5400	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) International Business Machines Corporation
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parkin, Lamar <hr/> Contributor address; City; State; Zip Code Mahopac, NY 10541-5400	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) International Business Machines Corporation
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Lee <hr/> Contributor address; City; State; Zip Code Union, MO 63084-2025	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Compass Health Network
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Lee <hr/> Contributor address; City; State; Zip Code Union, MO 63084-2025	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Compass Health Network

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 795/1229 Rpt: 798/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Lee <hr/> 6 Contributor address; City; State; Zip Code Union, MO 63084-2025	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Compass Health Network
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Lee <hr/> Contributor address; City; State; Zip Code Union, MO 63084-2025	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Compass Health Network
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Lee <hr/> Contributor address; City; State; Zip Code Union, MO 63084-2025	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Compass Health Network
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Lee <hr/> Contributor address; City; State; Zip Code Union, MO 63084-2025	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Compass Health Network
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Mitch <hr/> Contributor address; City; State; Zip Code Kannapolis, NC 28081-7116	Amount of Contribution (\$) \$10.00
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: 796/1229 Rpt: 799/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Mitch <hr/> 6 Contributor address; City; State; Zip Code Kannapolis, NC 28081-7116	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Mitch <hr/> Contributor address; City; State; Zip Code Kannapolis, NC 28081-7116	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Mitch <hr/> Contributor address; City; State; Zip Code Kannapolis, NC 28081-7116	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Mitch <hr/> Contributor address; City; State; Zip Code Kannapolis, NC 28081-7116	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Mitch <hr/> Contributor address; City; State; Zip Code Kannapolis, NC 28081-7116	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: 797/1229 Rpt: 800/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Mitch	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Kannapolis, NC 28081-7116		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Mitch	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Kannapolis, NC 28081-7116		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Mitch	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Kannapolis, NC 28081-7116		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Mitch	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Kannapolis, NC 28081-7116		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Mitch	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Kannapolis, NC 28081-7116		
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: 798/1229 Rpt: 801/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parks, Mitch <hr/> 6 Contributor address; City; State; Zip Code Kannapolis, NC 28081-7116	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parmalee, Katherine <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20910-5433	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parmalee, Katherine <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20910-5433	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parmalee, Katherine <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20910-5433	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parmalee, Katherine <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20910-5433	Amount of Contribution (\$) \$50.00
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: 799/1229 Rpt: 802/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parmalee, Katherine	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Silver Spring, MD 20910-5433		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parmalee, Katherine	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Silver Spring, MD 20910-5433		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$) \$19.00
Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959		
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: 800/1229 Rpt: 803/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$) \$19.00
Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959		
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: 801/1229 Rpt: 804/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$) \$19.00
Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959		
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: 802/1229 Rpt: 805/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$) \$19.00
	Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	
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: 803/1229 Rpt: 806/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	7 Amount of Contribution (\$) \$19.00
	6 Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	
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: 804/1229 Rpt: 807/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	7 Amount of Contribution (\$) \$19.00
	6 Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, John H.	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Kitty Hawk, NC 27949-3959	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsley, Patricia	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Stanwood, WA 98292-7843	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsley, Patricia	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Stanwood, WA 98292-7843	
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: 805/1229 Rpt: 808/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsley, Patricia	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Stanwood, WA 98292-7843		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsley, Patricia	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Stanwood, WA 98292-7843		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsley, Patricia	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Stanwood, WA 98292-7843		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parsley, Patricia	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Stanwood, WA 98292-7843		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pater, Carolyn	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Champaign, IL 61822-5246		
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: 806/1229 Rpt: 809/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patraka, Vivian <hr/> 6 Contributor address; City; State; Zip Code Ann Arbor, MI 48104-8325	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patraka, Vivian <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48104-8325	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patraka, Vivian <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48104-8325	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patraka, Vivian <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48104-8325	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patraka, Vivian <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48104-8325	Amount of Contribution (\$) \$20.00
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: 807/1229 Rpt: 810/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patraka, Vivian <hr/> 6 Contributor address; City; State; Zip Code Ann Arbor, MI 48104-8325	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Sharon <hr/> Contributor address; City; State; Zip Code New York, NY 10028-0939	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Patrick Partners Inc
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Sharon <hr/> Contributor address; City; State; Zip Code New York, NY 10028-0939	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Patrick Partners Inc
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Sharon <hr/> Contributor address; City; State; Zip Code New York, NY 10028-0939	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Patrick Partners Inc
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Sharon <hr/> Contributor address; City; State; Zip Code New York, NY 10028-0939	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Patrick Partners Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 808/1229 Rpt: 811/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patrick, Sharon	7 Amount of Contribution (\$) \$75.00
6 Contributor address; City; State; Zip Code New York, NY 10028-0939		
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Patrick Partners Inc
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pattillo, Joni	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Newark, CA 94560-4335		
Principal occupation / Job title (See Instructions) Special Assistant		Employer (See Instructions) Alameda County
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pattillo, Joni	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Newark, CA 94560-4335		
Principal occupation / Job title (See Instructions) Special Assistant		Employer (See Instructions) Alameda County
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pattillo, Joni	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Newark, CA 94560-4335		
Principal occupation / Job title (See Instructions) Special Assistant		Employer (See Instructions) Alameda County
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pattillo, Joni	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Newark, CA 94560-4335		
Principal occupation / Job title (See Instructions) Special Assistant		Employer (See Instructions) Alameda County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 809/1229 Rpt: 812/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pattillo, Joni <hr/> 6 Contributor address; City; State; Zip Code Newark, CA 94560-4335	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Special Assistant		9 Employer (See Instructions) Alameda County
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pattillo, Joni <hr/> Contributor address; City; State; Zip Code Newark, CA 94560-4335	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Special Assistant		Employer (See Instructions) Alameda County
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Mary <hr/> Contributor address; City; State; Zip Code Piedmont, CA 94611-4103	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Permanente Medical Group
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Mary <hr/> Contributor address; City; State; Zip Code Piedmont, CA 94611-4103	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Permanente Medical Group
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Mary <hr/> Contributor address; City; State; Zip Code Piedmont, CA 94611-4103	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Permanente Medical Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 810/1229 Rpt: 813/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Mary <hr/> 6 Contributor address; City; State; Zip Code Piedmont, CA 94611-4103	7 Amount of Contribution (\$) \$6.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Permanente Medical Group
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Mary <hr/> Contributor address; City; State; Zip Code Piedmont, CA 94611-4103	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Permanente Medical Group
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Mary <hr/> Contributor address; City; State; Zip Code Piedmont, CA 94611-4103	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Permanente Medical Group
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Mary <hr/> Contributor address; City; State; Zip Code Piedmont, CA 94611-4103	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Permanente Medical Group
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Mary <hr/> Contributor address; City; State; Zip Code Piedmont, CA 94611-4103	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Permanente Medical Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 811/1229 Rpt: 814/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Mary <hr/> 6 Contributor address; City; State; Zip Code Piedmont, CA 94611-4103	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Permanente Medical Group
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Mary <hr/> Contributor address; City; State; Zip Code Piedmont, CA 94611-4103	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Permanente Medical Group
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Mary <hr/> Contributor address; City; State; Zip Code Piedmont, CA 94611-4103	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Permanente Medical Group
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Mary <hr/> Contributor address; City; State; Zip Code Piedmont, CA 94611-4103	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Permanente Medical Group
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Mary <hr/> Contributor address; City; State; Zip Code Piedmont, CA 94611-4103	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Permanente Medical Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 812/1229 Rpt: 815/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Mary <hr/> 6 Contributor address; City; State; Zip Code Piedmont, CA 94611-4103	7 Amount of Contribution (\$) \$6.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Permanente Medical Group
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Mary <hr/> Contributor address; City; State; Zip Code Piedmont, CA 94611-4103	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Permanente Medical Group
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Mary <hr/> Contributor address; City; State; Zip Code Piedmont, CA 94611-4103	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Permanente Medical Group
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Mary <hr/> Contributor address; City; State; Zip Code Piedmont, CA 94611-4103	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Permanente Medical Group
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Mary <hr/> Contributor address; City; State; Zip Code Piedmont, CA 94611-4103	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Permanente Medical Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 813/1229 Rpt: 816/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Mary <hr/> 6 Contributor address; City; State; Zip Code Piedmont, CA 94611-4103	7 Amount of Contribution (\$) \$6.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Permanente Medical Group
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Mary <hr/> Contributor address; City; State; Zip Code Piedmont, CA 94611-4103	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Permanente Medical Group
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Mary <hr/> Contributor address; City; State; Zip Code Piedmont, CA 94611-4103	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Permanente Medical Group
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Mary <hr/> Contributor address; City; State; Zip Code Piedmont, CA 94611-4103	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Permanente Medical Group
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Mary <hr/> Contributor address; City; State; Zip Code Piedmont, CA 94611-4103	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Permanente Medical Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 814/1229 Rpt: 817/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) University of California Los Angeles
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California Los Angeles
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California Los Angeles
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California Los Angeles
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California Los Angeles

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 815/1229 Rpt: 818/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314		
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) University of California Los Angeles
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California Los Angeles
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California Los Angeles
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California Los Angeles
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California Los Angeles

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 816/1229 Rpt: 819/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) University of California Los Angeles
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California Los Angeles
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California Los Angeles
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California Los Angeles
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California Los Angeles

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 817/1229 Rpt: 820/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Martin <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90064-3314	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) University of California Los Angeles
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pavelchek, David <hr/> Contributor address; City; State; Zip Code Olympia, WA 98502-4269	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Research Manager		Employer (See Instructions) Washington State Workforce Board
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pavelchek, David <hr/> Contributor address; City; State; Zip Code Olympia, WA 98502-4269	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Research Manager		Employer (See Instructions) Washington State Workforce Board
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pavelchek, David <hr/> Contributor address; City; State; Zip Code Olympia, WA 98502-4269	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Research Manager		Employer (See Instructions) Washington State Workforce Board
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pavelchek, David <hr/> Contributor address; City; State; Zip Code Olympia, WA 98502-4269	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Research Manager		Employer (See Instructions) Washington State Workforce Board

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 818/1229 Rpt: 821/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pavelchek, David <hr/> 6 Contributor address; City; State; Zip Code Olympia, WA 98502-4269	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Research Manager		9 Employer (See Instructions) Washington State Workforce Board
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pavelchek, David <hr/> Contributor address; City; State; Zip Code Olympia, WA 98502-4269	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Research Manager		Employer (See Instructions) Washington State Workforce Board
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payne, Don <hr/> Contributor address; City; State; Zip Code Holden, ME 04429-0515	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payne, Don <hr/> Contributor address; City; State; Zip Code Holden, ME 04429-0515	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payne, Don <hr/> Contributor address; City; State; Zip Code Holden, ME 04429-0515	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: 819/1229 Rpt: 822/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payne, Don <hr/> 6 Contributor address; City; State; Zip Code Holden, ME 04429-0515	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payne, Don <hr/> Contributor address; City; State; Zip Code Holden, ME 04429-0515	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payne, Don <hr/> Contributor address; City; State; Zip Code Holden, ME 04429-0515	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perito, Daniele <hr/> Contributor address; City; State; Zip Code West Hollywood, CA 90046-6916	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Chief Data Officer		Employer (See Instructions) Faire Wholesale Inc.
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkins, Anne <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94708-1641	Amount of Contribution (\$) \$100.00
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: 820/1229 Rpt: 823/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perla, Israel	7 Amount of Contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code Oregon House, CA 95962-8028		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) OSIsoft
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perla, Israel	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Oregon House, CA 95962-8028		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) OSIsoft
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perla, Israel	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Oregon House, CA 95962-8028		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) OSIsoft
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perla, Israel	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Oregon House, CA 95962-8028		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) OSIsoft
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perla, Israel	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Oregon House, CA 95962-8028		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) OSIsoft

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 821/1229 Rpt: 824/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perla, Israel <hr/> 6 Contributor address; City; State; Zip Code Oregon House, CA 95962-8028	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) OSIsoft
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Don <hr/> Contributor address; City; State; Zip Code Flagstaff, AZ 86001-1136	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Rain <hr/> Contributor address; City; State; Zip Code Ojai, CA 93023-5102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self Employed
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Rain <hr/> Contributor address; City; State; Zip Code Ojai, CA 93023-5102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Rain <hr/> Contributor address; City; State; Zip Code Ojai, CA 93023-5102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Musician		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: 822/1229 Rpt: 825/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Rain <hr/> 6 Contributor address; City; State; Zip Code Ojai, CA 93023-5102	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Musician		9 Employer (See Instructions) Self Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Rain <hr/> Contributor address; City; State; Zip Code Ojai, CA 93023-5102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Rain <hr/> Contributor address; City; State; Zip Code Ojai, CA 93023-5102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pestoff, Victor <hr/> Contributor address; City; State; Zip Code Henderson, NV 89014-4045	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Bruce <hr/> Contributor address; City; State; Zip Code Newton, MA 02459-1524	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Energy Consultant		Employer (See Instructions) The NorthBridge Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 823/1229 Rpt: 826/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Bruce <hr/> 6 Contributor address; City; State; Zip Code Newton, MA 02459-1524	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Energy Consultant		9 Employer (See Instructions) The NorthBridge Group
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Bruce <hr/> Contributor address; City; State; Zip Code Newton, MA 02459-1524	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Energy Consultant		Employer (See Instructions) The NorthBridge Group
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Bruce <hr/> Contributor address; City; State; Zip Code Newton, MA 02459-1524	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Energy Consultant		Employer (See Instructions) The NorthBridge Group
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Bruce <hr/> Contributor address; City; State; Zip Code Newton, MA 02459-1524	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Energy Consultant		Employer (See Instructions) The NorthBridge Group
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Bruce <hr/> Contributor address; City; State; Zip Code Newton, MA 02459-1524	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Energy Consultant		Employer (See Instructions) The NorthBridge Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 824/1229 Rpt: 827/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Jolynn <hr/> 6 Contributor address; City; State; Zip Code Grand Junction, CO 81506-5450	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Jolynn <hr/> Contributor address; City; State; Zip Code Grand Junction, CO 81506-5450	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Jolynn <hr/> Contributor address; City; State; Zip Code Grand Junction, CO 81506-5450	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Jolynn <hr/> Contributor address; City; State; Zip Code Grand Junction, CO 81506-5450	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Jolynn <hr/> Contributor address; City; State; Zip Code Grand Junction, CO 81506-5450	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: 825/1229 Rpt: 828/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Phillips, Jolynn <hr/> 6 Contributor address; City; State; Zip Code Grand Junction, CO 81506-5450	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pickus, Carey <hr/> Contributor address; City; State; Zip Code Park City, UT 84098-6343	Amount of Contribution (\$) \$2,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pickus, Joshua <hr/> Contributor address; City; State; Zip Code Park City, UT 84098-6343	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Exececutive		Employer (See Instructions) Net Health Systems
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Loduskia <hr/> Contributor address; City; State; Zip Code El Cerrito, CA 94530-3364	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piper, Michael <hr/> Contributor address; City; State; Zip Code Westminster, CO 80021-5211	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Structural Engineer		Employer (See Instructions) Martin/Martin Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 826/1229 Rpt: 829/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piper, Michael <hr/> 6 Contributor address; City; State; Zip Code Westminster, CO 80021-5211	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Structural Engineer		9 Employer (See Instructions) Martin/Martin Inc.
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piper, Michael <hr/> Contributor address; City; State; Zip Code Westminster, CO 80021-5211	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Structural Engineer		Employer (See Instructions) Martin/Martin Inc.
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piper, Michael <hr/> Contributor address; City; State; Zip Code Westminster, CO 80021-5211	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Structural Engineer		Employer (See Instructions) Martin/Martin Inc.
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piper, Michael <hr/> Contributor address; City; State; Zip Code Westminster, CO 80021-5211	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Structural Engineer		Employer (See Instructions) Martin/Martin Inc.
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Piper, Michael <hr/> Contributor address; City; State; Zip Code Westminster, CO 80021-5211	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Structural Engineer		Employer (See Instructions) Martin/Martin Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 827/1229 Rpt: 830/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pittioni, Martin <hr/> 6 Contributor address; City; State; Zip Code Longview, WA 98632-5367	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Office Director		9 Employer (See Instructions) State of Washington Department of Health
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plassman, Joy H. <hr/> Contributor address; City; State; Zip Code Columbus, OH 43220-2551	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Administrative Assistant		Employer (See Instructions) Spirituality Network
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pletta, John <hr/> Contributor address; City; State; Zip Code Springfield, OR 97477-1594	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pletta, John <hr/> Contributor address; City; State; Zip Code Springfield, OR 97477-1594	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pletta, John <hr/> Contributor address; City; State; Zip Code Springfield, OR 97477-1594	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: 828/1229 Rpt: 831/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pletta, John <hr/> 6 Contributor address; City; State; Zip Code Springfield, OR 97477-1594	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pletta, John <hr/> Contributor address; City; State; Zip Code Springfield, OR 97477-1594	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pletta, John <hr/> Contributor address; City; State; Zip Code Springfield, OR 97477-1594	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pobocik, Rebecca <hr/> Contributor address; City; State; Zip Code Palmyra, VA 22963-2434	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pobocik, Rebecca <hr/> Contributor address; City; State; Zip Code Palmyra, VA 22963-2434	Amount of Contribution (\$) \$20.00
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: 829/1229 Rpt: 832/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pobocik, Rebecca <hr/> 6 Contributor address; City; State; Zip Code Palmyra, VA 22963-2434	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pobocik, Rebecca <hr/> Contributor address; City; State; Zip Code Palmyra, VA 22963-2434	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pobocik, Rebecca <hr/> Contributor address; City; State; Zip Code Palmyra, VA 22963-2434	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pobocik, Rebecca <hr/> Contributor address; City; State; Zip Code Palmyra, VA 22963-2434	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polikoff, Alexander <hr/> Contributor address; City; State; Zip Code Keene, NH 03431-4241	Amount of Contribution (\$) \$100.00
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: 830/1229 Rpt: 833/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polikoff, Alexander 6 Contributor address; City; State; Zip Code Keene, NH 03431-4241	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polikoff, Alexander Contributor address; City; State; Zip Code Keene, NH 03431-4241	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polikoff, Alexander Contributor address; City; State; Zip Code Keene, NH 03431-4241	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polikoff, Alexander Contributor address; City; State; Zip Code Keene, NH 03431-4241	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pool, Susan Contributor address; City; State; Zip Code Gilroy, CA 95020-9071	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Regulatory Affairs Consultant		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: 831/1229 Rpt: 834/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pool, Susan <hr/> 6 Contributor address; City; State; Zip Code Gilroy, CA 95020-9071	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Regulatory Affairs Consultant		9 Employer (See Instructions) Self Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pool, Susan <hr/> Contributor address; City; State; Zip Code Gilroy, CA 95020-9071	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Regulatory Affairs Consultant		Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pool, Susan <hr/> Contributor address; City; State; Zip Code Gilroy, CA 95020-9071	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Regulatory Affairs Consultant		Employer (See Instructions) Self Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pool, Susan <hr/> Contributor address; City; State; Zip Code Gilroy, CA 95020-9071	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Regulatory Affairs Consultant		Employer (See Instructions) Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pool, Susan <hr/> Contributor address; City; State; Zip Code Gilroy, CA 95020-9071	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Regulatory Affairs Consultant		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: 832/1229 Rpt: 835/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pope, Andrew <hr/> 6 Contributor address; City; State; Zip Code Columbia, MD 21044-3836	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Scientist		9 Employer (See Instructions) NAS
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pope, Andrew <hr/> Contributor address; City; State; Zip Code Columbia, MD 21044-3836	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) NAS
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pope, Andrew <hr/> Contributor address; City; State; Zip Code Columbia, MD 21044-3836	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) NAS
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pope, Andrew <hr/> Contributor address; City; State; Zip Code Columbia, MD 21044-3836	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) NAS
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pope, Andrew <hr/> Contributor address; City; State; Zip Code Columbia, MD 21044-3836	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) NAS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 833/1229 Rpt: 836/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pope, Andrew <hr/> 6 Contributor address; City; State; Zip Code Columbia, MD 21044-3836	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Scientist		9 Employer (See Instructions) NAS
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Elisabeth <hr/> Contributor address; City; State; Zip Code Washington, DC 20007-3078	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Elisabeth <hr/> Contributor address; City; State; Zip Code Washington, DC 20007-3078	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Nancy <hr/> Contributor address; City; State; Zip Code Lexington, MA 02420-3807	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Posner, Marc <hr/> Contributor address; City; State; Zip Code New York, NY 10019-1088	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Verus Financial

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 834/1229 Rpt: 837/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Posner, Marc <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10019-1088	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Verus Financial
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Posner, Marc <hr/> Contributor address; City; State; Zip Code New York, NY 10019-1088	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Verus Financial
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Posner, Marc <hr/> Contributor address; City; State; Zip Code New York, NY 10019-1088	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Verus Financial
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Posner, Marc <hr/> Contributor address; City; State; Zip Code New York, NY 10019-1088	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Verus Financial
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Posner, Marc <hr/> Contributor address; City; State; Zip Code New York, NY 10019-1088	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Verus Financial

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 835/1229 Rpt: 838/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poss, Richard <hr/> 6 Contributor address; City; State; Zip Code De Pere, WI 54115-1668	7 Amount of Contribution (\$) \$31.41
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poss, Richard <hr/> Contributor address; City; State; Zip Code De Pere, WI 54115-1668	Amount of Contribution (\$) \$31.41
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poss, Richard <hr/> Contributor address; City; State; Zip Code De Pere, WI 54115-1668	Amount of Contribution (\$) \$31.41
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poss, Richard <hr/> Contributor address; City; State; Zip Code De Pere, WI 54115-1668	Amount of Contribution (\$) \$31.41
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poss, Richard <hr/> Contributor address; City; State; Zip Code De Pere, WI 54115-1668	Amount of Contribution (\$) \$31.41
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: 836/1229 Rpt: 839/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poss, Richard <hr/> 6 Contributor address; City; State; Zip Code De Pere, WI 54115-1668	7 Amount of Contribution (\$) \$31.41
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poulton, Marijane <hr/> Contributor address; City; State; Zip Code Trinidad, CA 95570-0649	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poulton, Marijane <hr/> Contributor address; City; State; Zip Code Trinidad, CA 95570-0649	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Maureen <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-4036	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Maureen <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-4036	Amount of Contribution (\$) \$50.00
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: 837/1229 Rpt: 840/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Maureen <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731-4036	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Maureen <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-4036	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poynor, Thomas <hr/> Contributor address; City; State; Zip Code Mobile, AL 36609-2861	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Mobile Public Library
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poynor, Thomas <hr/> Contributor address; City; State; Zip Code Mobile, AL 36609-2861	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Mobile Public Library
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poynor, Thomas <hr/> Contributor address; City; State; Zip Code Mobile, AL 36609-2861	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Mobile Public Library

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 838/1229 Rpt: 841/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poynor, Thomas <hr/> 6 Contributor address; City; State; Zip Code Mobile, AL 36609-2861	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Librarian		9 Employer (See Instructions) Mobile Public Library
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poynor, Thomas <hr/> Contributor address; City; State; Zip Code Mobile, AL 36609-2861	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Mobile Public Library
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prato, Carol <hr/> Contributor address; City; State; Zip Code Oak Harbor, WA 98277-4820	Amount of Contribution (\$) \$350.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prebish, Suzanne <hr/> Contributor address; City; State; Zip Code Ellicott City, MD 21042-6219	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prebish, Suzanne <hr/> Contributor address; City; State; Zip Code Ellicott City, MD 21042-6219	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: 839/1229 Rpt: 842/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prebish, Suzanne <hr/> 6 Contributor address; City; State; Zip Code Ellicott City, MD 21042-6219	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prebish, Suzanne <hr/> Contributor address; City; State; Zip Code Ellicott City, MD 21042-6219	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prebish, Suzanne <hr/> Contributor address; City; State; Zip Code Ellicott City, MD 21042-6219	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prebish, Suzanne <hr/> Contributor address; City; State; Zip Code Ellicott City, MD 21042-6219	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston, David <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610-2835	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Cutler Group LP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 840/1229 Rpt: 843/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston, David <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94610-2835	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Cutler Group LP
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston, David <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610-2835	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Cutler Group LP
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston, David <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610-2835	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Cutler Group LP
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston, David <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610-2835	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Cutler Group LP
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Preston, David <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610-2835	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Cutler Group LP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 841/1229 Rpt: 844/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Irene <hr/> 6 Contributor address; City; State; Zip Code Sacramento, CA 95821-2930	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Irene <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95821-2930	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Irene <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95821-2930	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Irene <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95821-2930	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Irene <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95821-2930	Amount of Contribution (\$) \$50.00
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: 842/1229 Rpt: 845/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Irene <hr/> 6 Contributor address; City; State; Zip Code Sacramento, CA 95821-2930	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Steven <hr/> Contributor address; City; State; Zip Code El Cerrito, CA 94530-3160	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Illustrator		Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Steven <hr/> Contributor address; City; State; Zip Code El Cerrito, CA 94530-3160	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Illustrator		Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Steven <hr/> Contributor address; City; State; Zip Code El Cerrito, CA 94530-3160	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Illustrator		Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Steven <hr/> Contributor address; City; State; Zip Code El Cerrito, CA 94530-3160	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Illustrator		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: 843/1229 Rpt: 846/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pridey, Jonah <hr/> 6 Contributor address; City; State; Zip Code Plymouth, MN 55447-5305	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Education Assistant		9 Employer (See Instructions) Robbinsdale Area School District 281
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pridey, Jonah <hr/> Contributor address; City; State; Zip Code Plymouth, MN 55447-5305	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Education Assistant		Employer (See Instructions) Robbinsdale Area School District 281
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pridey, Jonah <hr/> Contributor address; City; State; Zip Code Plymouth, MN 55447-5305	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Education Assistant		Employer (See Instructions) Robbinsdale Area School District 281
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pridey, Jonah <hr/> Contributor address; City; State; Zip Code Plymouth, MN 55447-5305	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Education Assistant		Employer (See Instructions) Robbinsdale Area School District 281
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pridey, Jonah <hr/> Contributor address; City; State; Zip Code Plymouth, MN 55447-5305	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Education Assistant		Employer (See Instructions) Robbinsdale Area School District 281

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 844/1229 Rpt: 847/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pridey, Jonah <hr/> 6 Contributor address; City; State; Zip Code Plymouth, MN 55447-5305	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Education Assistant		9 Employer (See Instructions) Robbinsdale Area School District 281
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priest, Donald <hr/> Contributor address; City; State; Zip Code Petoskey, MI 49770	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priest, Donald <hr/> Contributor address; City; State; Zip Code Petoskey, MI 49770	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priest, Donald <hr/> Contributor address; City; State; Zip Code Petoskey, MI 49770	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priest, Donald <hr/> Contributor address; City; State; Zip Code Petoskey, MI 49770	Amount of Contribution (\$) \$3.00
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: 845/1229 Rpt: 848/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priest, Donald <hr/> 6 Contributor address; City; State; Zip Code Petoskey, MI 49770	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priest, Donald <hr/> Contributor address; City; State; Zip Code Petoskey, MI 49770	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priest, Donald <hr/> Contributor address; City; State; Zip Code Petoskey, MI 49770	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priest, Donald <hr/> Contributor address; City; State; Zip Code Petoskey, MI 49770	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priest, Donald <hr/> Contributor address; City; State; Zip Code Petoskey, MI 49770	Amount of Contribution (\$) \$5.00
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: 846/1229 Rpt: 849/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priest, Donald	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Petoskey, MI 49770		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priest, Donald	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Petoskey, MI 49770		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priest, Donald	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Petoskey, MI 49770		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priest, Donald	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Petoskey, MI 49770		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priest, Donald	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Petoskey, MI 49770		
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: 847/1229 Rpt: 850/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priest, Donald <hr/> 6 Contributor address; City; State; Zip Code Petoskey, MI 49770	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priest, Donald <hr/> Contributor address; City; State; Zip Code Petoskey, MI 49770	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priest, Donald <hr/> Contributor address; City; State; Zip Code Petoskey, MI 49770	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priest, Donald <hr/> Contributor address; City; State; Zip Code Petoskey, MI 49770	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priest, Donald <hr/> Contributor address; City; State; Zip Code Petoskey, MI 49770	Amount of Contribution (\$) \$3.00
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: 848/1229 Rpt: 851/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priest, Donald	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Petoskey, MI 49770		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priest, Donald	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Petoskey, MI 49770		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Priest, Donald	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Petoskey, MI 49770		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Primus, Donna	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Brooklyn, NY 11210-0266		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Primus, Donna	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Brooklyn, NY 11210-0266		
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: 849/1229 Rpt: 852/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Primus, Donna <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11210-0266	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Primus, Donna <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11210-0266	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Primus, Donna <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11210-0266	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Primus, Donna <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11210-0266	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prince, Theodore <hr/> Contributor address; City; State; Zip Code Leawood, KS 66209-2266	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Co-Founder and Chief Strategy Officer		Employer (See Instructions) Tiger Cool Express LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 850/1229 Rpt: 853/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prince, Theodore <hr/> 6 Contributor address; City; State; Zip Code Leawood, KS 66209-2266	7 Amount of Contribution (\$) \$18.00
8 Principal occupation / Job title (See Instructions) Co-Founder and Chief Strategy Officer		9 Employer (See Instructions) Tiger Cool Express LLC
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prince, Theodore <hr/> Contributor address; City; State; Zip Code Leawood, KS 66209-2266	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Co-Founder and Chief Strategy Officer		Employer (See Instructions) Tiger Cool Express LLC
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prince, Theodore <hr/> Contributor address; City; State; Zip Code Leawood, KS 66209-2266	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Co-Founder and Chief Strategy Officer		Employer (See Instructions) Tiger Cool Express LLC
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prince, Theodore <hr/> Contributor address; City; State; Zip Code Leawood, KS 66209-2266	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Co-Founder and Chief Strategy Officer		Employer (See Instructions) Tiger Cool Express LLC
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prince, Theodore <hr/> Contributor address; City; State; Zip Code Leawood, KS 66209-2266	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Co-Founder and Chief Strategy Officer		Employer (See Instructions) Tiger Cool Express LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 851/1229 Rpt: 854/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pritzker, Matthew <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60611-6520	7 Amount of Contribution (\$) \$25,000.00
8 Principal occupation / Job title (See Instructions) Investor		9 Employer (See Instructions) Self-Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Probst, Gregory <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84103-2273	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Probst, Gregory <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84103-2273	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Probst, Gregory <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84103-2273	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Probst, Gregory <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84103-2273	Amount of Contribution (\$) \$20.00
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: 852/1229 Rpt: 855/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Probst, Gregory <hr/> 6 Contributor address; City; State; Zip Code Salt Lake City, UT 84103-2273	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Probst, Gregory <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84103-2273	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny <hr/> Contributor address; City; State; Zip Code Madison, WI 53705-2622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny <hr/> Contributor address; City; State; Zip Code Madison, WI 53705-2622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny <hr/> Contributor address; City; State; Zip Code Madison, WI 53705-2622	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: 853/1229 Rpt: 856/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny <hr/> 6 Contributor address; City; State; Zip Code Madison, WI 53705-2622	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny <hr/> Contributor address; City; State; Zip Code Madison, WI 53705-2622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny <hr/> Contributor address; City; State; Zip Code Madison, WI 53705-2622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny <hr/> Contributor address; City; State; Zip Code Madison, WI 53705-2622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny <hr/> Contributor address; City; State; Zip Code Madison, WI 53705-2622	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: 854/1229 Rpt: 857/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny <hr/> 6 Contributor address; City; State; Zip Code Madison, WI 53705-2622	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny <hr/> Contributor address; City; State; Zip Code Madison, WI 53705-2622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny <hr/> Contributor address; City; State; Zip Code Madison, WI 53705-2622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny <hr/> Contributor address; City; State; Zip Code Madison, WI 53705-2622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prucker, Michael <hr/> Contributor address; City; State; Zip Code Washington, DC 20008-5600	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) NCPSSM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 855/1229 Rpt: 858/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prunty, Patricia <hr/> 6 Contributor address; City; State; Zip Code Venice, CA 90291-4817	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) California State University Fullerton
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prunty, Patricia <hr/> Contributor address; City; State; Zip Code Venice, CA 90291-4817	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) California State University Fullerton
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prunty, Patricia <hr/> Contributor address; City; State; Zip Code Venice, CA 90291-4817	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) California State University Fullerton
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prunty, Patricia <hr/> Contributor address; City; State; Zip Code Venice, CA 90291-4817	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) California State University Fullerton
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prunty, Patricia <hr/> Contributor address; City; State; Zip Code Venice, CA 90291-4817	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) California State University Fullerton

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 856/1229 Rpt: 859/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prunty, Patricia <hr/> 6 Contributor address; City; State; Zip Code Venice, CA 90291-4817	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) California State University Fullerton
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Psaki, F. Regina <hr/> Contributor address; City; State; Zip Code Lowell, OR 97452-9730	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Oregon
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Psaki, F. Regina <hr/> Contributor address; City; State; Zip Code Lowell, OR 97452-9730	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Oregon
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Psaki, F. Regina <hr/> Contributor address; City; State; Zip Code Lowell, OR 97452-9730	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Oregon
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Psaki, F. Regina <hr/> Contributor address; City; State; Zip Code Lowell, OR 97452-9730	Amount of Contribution (\$) \$19.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Oregon

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 857/1229 Rpt: 860/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Psaki, F. Regina	7 Amount of Contribution (\$) \$19.00
6 Contributor address; City; State; Zip Code Lowell, OR 97452-9730		
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of Oregon
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Psaki, F. Regina	Amount of Contribution (\$) \$19.00
Contributor address; City; State; Zip Code Lowell, OR 97452-9730		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Oregon
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pullen, John	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Villa Rica, GA 30180-3941		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pulsifer-Anderson, Beth	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Leander, TX 78641-3075		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Anderson Roofing
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Putnam, Sanda	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Aledo, TX 76008-2844		
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: 858/1229 Rpt: 861/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Quinn, Nancy <hr/> 6 Contributor address; City; State; Zip Code Chapel Hill, NC 27516-9563	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radford, Michael <hr/> Contributor address; City; State; Zip Code Detroit, MI 48238-1041	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radford, Michael <hr/> Contributor address; City; State; Zip Code Detroit, MI 48238-1041	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radford, Michael <hr/> Contributor address; City; State; Zip Code Detroit, MI 48238-1041	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radford, Michael <hr/> Contributor address; City; State; Zip Code Detroit, MI 48238-1041	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: 859/1229 Rpt: 862/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radford, Michael	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Detroit, MI 48238-1041		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radford, Michael	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Detroit, MI 48238-1041		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph, Nancy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New York, NY 10002-5369		
Principal occupation / Job title (See Instructions) Clinical Data Manager		Employer (See Instructions) Brain Trauma Foundation
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph, Nancy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New York, NY 10002-5369		
Principal occupation / Job title (See Instructions) Clinical Data Manager		Employer (See Instructions) Brain Trauma Foundation
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph, Nancy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New York, NY 10002-5369		
Principal occupation / Job title (See Instructions) Clinical Data Manager		Employer (See Instructions) Brain Trauma Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 860/1229 Rpt: 863/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph, Nancy 6 Contributor address; City; State; Zip Code New York, NY 10002-5369	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Clinical Data Manager		9 Employer (See Instructions) Brain Trauma Foundation
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph, Nancy Contributor address; City; State; Zip Code New York, NY 10002-5369	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Clinical Data Manager		Employer (See Instructions) Brain Trauma Foundation
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ralph, Nancy Contributor address; City; State; Zip Code New York, NY 10002-5369	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Clinical Data Manager		Employer (See Instructions) Brain Trauma Foundation
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsey, Herschel Contributor address; City; State; Zip Code Parker, CO 80134-5933	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsey, Herschel Contributor address; City; State; Zip Code Parker, CO 80134-5933	Amount of Contribution (\$) \$50.00
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: 861/1229 Rpt: 864/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsey, Herschel <hr/> 6 Contributor address; City; State; Zip Code Parker, CO 80134-5933	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ramsey, Herschel <hr/> Contributor address; City; State; Zip Code Parker, CO 80134-5933	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall, Holly <hr/> Contributor address; City; State; Zip Code Jacksonville, OR 97530-1295	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall, Holly <hr/> Contributor address; City; State; Zip Code Jacksonville, OR 97530-1295	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall, Holly <hr/> Contributor address; City; State; Zip Code Jacksonville, OR 97530-1295	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Psychotherapist		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: 862/1229 Rpt: 865/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall, Holly <hr/> 6 Contributor address; City; State; Zip Code Jacksonville, OR 97530-1295	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Psychotherapist		9 Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall, Holly <hr/> Contributor address; City; State; Zip Code Jacksonville, OR 97530-1295	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall, Holly <hr/> Contributor address; City; State; Zip Code Jacksonville, OR 97530-1295	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randall, Holly <hr/> Contributor address; City; State; Zip Code Jacksonville, OR 97530-1295	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Michelle <hr/> Contributor address; City; State; Zip Code Medford, OR 97501-9627	Amount of Contribution (\$) \$20.00
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: 863/1229 Rpt: 866/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Michelle <hr/> 6 Contributor address; City; State; Zip Code Medford, OR 97501-9627	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Michelle <hr/> Contributor address; City; State; Zip Code Medford, OR 97501-9627	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Michelle <hr/> Contributor address; City; State; Zip Code Medford, OR 97501-9627	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Michelle <hr/> Contributor address; City; State; Zip Code Medford, OR 97501-9627	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rasmussen, Michelle <hr/> Contributor address; City; State; Zip Code Medford, OR 97501-9627	Amount of Contribution (\$) \$20.00
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: 864/1229 Rpt: 867/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redd, Jacquelyn <hr/> 6 Contributor address; City; State; Zip Code Silver Spring, MD 20905-3819	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Mid-Atlantic Permanente Medical Group
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redd, Jacquelyn <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20905-3819	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Mid-Atlantic Permanente Medical Group
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redd, Jacquelyn <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20905-3819	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Mid-Atlantic Permanente Medical Group
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redd, Jacquelyn <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20905-3819	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Mid-Atlantic Permanente Medical Group
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redd, Jacquelyn <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20905-3819	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Mid-Atlantic Permanente Medical Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 865/1229 Rpt: 868/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Redd, Jacquelyn <hr/> 6 Contributor address; City; State; Zip Code Silver Spring, MD 20905-3819	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Mid-Atlantic Permanente Medical Group
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reddick, Catherine <hr/> Contributor address; City; State; Zip Code Orange, NJ 07050-3031	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Novartis International AG
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reddick, Catherine <hr/> Contributor address; City; State; Zip Code Orange, NJ 07050-3031	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Novartis International AG
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reddick, Catherine <hr/> Contributor address; City; State; Zip Code Orange, NJ 07050-3031	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Novartis International AG
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reddick, Catherine <hr/> Contributor address; City; State; Zip Code Orange, NJ 07050-3031	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Novartis International AG

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 866/1229 Rpt: 869/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reddick, Catherine <hr/> 6 Contributor address; City; State; Zip Code Orange, NJ 07050-3031	7 Amount of Contribution (\$) \$20.24
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) Novartis International AG
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reddick, Catherine <hr/> Contributor address; City; State; Zip Code Orange, NJ 07050-3031	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Novartis International AG
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Andrew <hr/> Contributor address; City; State; Zip Code Land O Lakes, FL 34637-7629	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) Army National Guard
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Andrew <hr/> Contributor address; City; State; Zip Code Land O Lakes, FL 34637-7629	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) Army National Guard
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Andrew <hr/> Contributor address; City; State; Zip Code Land O Lakes, FL 34637-7629	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) Army National Guard

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 867/1229 Rpt: 870/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Andrew <hr/> 6 Contributor address; City; State; Zip Code Land O Lakes, FL 34637-7629	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Officer		9 Employer (See Instructions) Army National Guard
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Andrew <hr/> Contributor address; City; State; Zip Code Land O Lakes, FL 34637-7629	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) Army National Guard
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Andrew <hr/> Contributor address; City; State; Zip Code Land O Lakes, FL 34637-7629	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Officer		Employer (See Instructions) Army National Guard
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reed, Nancy <hr/> Contributor address; City; State; Zip Code Takoma Park, MD 20912-5427	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regan, Matt <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20817-3401	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: 868/1229 Rpt: 871/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regan, Matt <hr/> 6 Contributor address; City; State; Zip Code Bethesda, MD 20817-3401	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regan, Matt <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20817-3401	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regan, Matt <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20817-3401	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regan, Matt <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20817-3401	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Regan, Matt <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20817-3401	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: 869/1229 Rpt: 872/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reidy, Paul <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704-1533	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reifer, Jay <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15232-2809	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reifer, Jay <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15232-2809	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reifer, Jay <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15232-2809	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reifer, Jay <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15232-2809	Amount of Contribution (\$) \$10.00
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: 870/1229 Rpt: 873/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reifer, Jay	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Pittsburgh, PA 15232-2809		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reifer, Jay	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Pittsburgh, PA 15232-2809		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reifer, Jay	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Pittsburgh, PA 15232-2809		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reifer, Jay	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Pittsburgh, PA 15232-2809		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remy, Dorothy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dubois, WY 82513-1547		
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: 871/1229 Rpt: 874/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remy, Dorothy <hr/> 6 Contributor address; City; State; Zip Code Dubois, WY 82513-1547	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remy, Dorothy <hr/> Contributor address; City; State; Zip Code Dubois, WY 82513-1547	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remy, Dorothy <hr/> Contributor address; City; State; Zip Code Dubois, WY 82513-1547	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remy, Dorothy <hr/> Contributor address; City; State; Zip Code Dubois, WY 82513-1547	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Remy, Dorothy <hr/> Contributor address; City; State; Zip Code Dubois, WY 82513-1547	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: 872/1229 Rpt: 875/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ressmeyer, Georgia <hr/> 6 Contributor address; City; State; Zip Code Sheboygan, WI 53083-4130	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ressmeyer, Georgia <hr/> Contributor address; City; State; Zip Code Sheboygan, WI 53083-4130	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ressmeyer, Georgia <hr/> Contributor address; City; State; Zip Code Sheboygan, WI 53083-4130	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ressmeyer, Georgia <hr/> Contributor address; City; State; Zip Code Sheboygan, WI 53083-4130	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ressmeyer, Georgia <hr/> Contributor address; City; State; Zip Code Sheboygan, WI 53083-4130	Amount of Contribution (\$) \$20.00
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: 873/1229 Rpt: 876/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ressmeyer, Georgia <hr/> 6 Contributor address; City; State; Zip Code Sheboygan, WI 53083-4130	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rey, Louisa <hr/> Contributor address; City; State; Zip Code Mystic, CT 06355-4025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rey, Louisa <hr/> Contributor address; City; State; Zip Code Mystic, CT 06355-4025	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Matthew G. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-6229	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Development		Employer (See Instructions) HomeAway
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Matthew G. <hr/> Contributor address; City; State; Zip Code Dallas, TX 75206-6229	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Development		Employer (See Instructions) HomeAway

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 874/1229 Rpt: 877/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Matthew G.	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Dallas, TX 75206-6229	
8 Principal occupation / Job title (See Instructions) Business Development		9 Employer (See Instructions) HomeAway
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Matthew G.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Dallas, TX 75206-6229	
Principal occupation / Job title (See Instructions) Business Development		Employer (See Instructions) HomeAway
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Matthew G.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Dallas, TX 75206-6229	
Principal occupation / Job title (See Instructions) Business Development		Employer (See Instructions) HomeAway
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Matthew G.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Dallas, TX 75206-6229	
Principal occupation / Job title (See Instructions) Business Development		Employer (See Instructions) HomeAway
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Russell	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Kissimmee, FL 34746-3447	
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: 875/1229 Rpt: 878/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Russell <hr/> 6 Contributor address; City; State; Zip Code Kissimmee, FL 34746-3447	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Russell <hr/> Contributor address; City; State; Zip Code Kissimmee, FL 34746-3447	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Russell <hr/> Contributor address; City; State; Zip Code Kissimmee, FL 34746-3447	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Russell <hr/> Contributor address; City; State; Zip Code Kissimmee, FL 34746-3447	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Russell <hr/> Contributor address; City; State; Zip Code Kissimmee, FL 34746-3447	Amount of Contribution (\$) \$10.00
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: 876/1229 Rpt: 879/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Russell	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Kissimmee, FL 34746-3447		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Russell	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Kissimmee, FL 34746-3447		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Russell	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Kissimmee, FL 34746-3447		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Russell	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Kissimmee, FL 34746-3447		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Russell	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Kissimmee, FL 34746-3447		
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: 877/1229 Rpt: 880/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Russell <hr/> 6 Contributor address; City; State; Zip Code Kissimmee, FL 34746-3447	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rheault, Sarsh <hr/> Contributor address; City; State; Zip Code Camden, ME 04843-4104	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhodes, Joanne <hr/> Contributor address; City; State; Zip Code Germantown, TN 38183-0942	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) BlueCross BlueShield of Tennessee
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ribakove, Barbara <hr/> Contributor address; City; State; Zip Code Austin, TX 78715-2080	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) North American Conference on Ethiopian Jewry
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Jeramee <hr/> Contributor address; City; State; Zip Code Dulles, VA 20189	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Diplomat		Employer (See Instructions) U.S. Department of State

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 878/1229 Rpt: 881/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Jeramee <hr/> 6 Contributor address; City; State; Zip Code Dulles, VA 20189	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Diplomat		9 Employer (See Instructions) U.S. Department of State
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Susan <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144-1259	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher Illustrator		Employer (See Instructions) Self Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Susan <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144-1259	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher Illustrator		Employer (See Instructions) Self Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Susan <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144-1259	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher Illustrator		Employer (See Instructions) Self Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Susan <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144-1259	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher Illustrator		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: 879/1229 Rpt: 882/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Susan <hr/> 6 Contributor address; City; State; Zip Code Somerville, MA 02144-1259	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Teacher Illustrator		9 Employer (See Instructions) Self Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rice, Susan <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144-1259	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher Illustrator		Employer (See Instructions) Self Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richmond, Diane <hr/> Contributor address; City; State; Zip Code Chicago, IL 60626-4519	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richmond, Diane <hr/> Contributor address; City; State; Zip Code Chicago, IL 60626-4519	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richmond, Diane <hr/> Contributor address; City; State; Zip Code Chicago, IL 60626-4519	Amount of Contribution (\$) \$75.00
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: 880/1229 Rpt: 883/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richmond, Diane <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60626-4519	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richmond, Diane <hr/> Contributor address; City; State; Zip Code Chicago, IL 60626-4519	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richmond, Diane <hr/> Contributor address; City; State; Zip Code Chicago, IL 60626-4519	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riecks, Karolyn <hr/> Contributor address; City; State; Zip Code Oakland, OR 97462-0265	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Riecks, Karolyn <hr/> Contributor address; City; State; Zip Code Oakland, OR 97462-0265	Amount of Contribution (\$) \$100.00
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: 881/1229 Rpt: 884/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rittenberg, William <hr/> 6 Contributor address; City; State; Zip Code East Lansing, MI 48826-0867	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rittenberg, William <hr/> Contributor address; City; State; Zip Code East Lansing, MI 48826-0867	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rittenberg, William <hr/> Contributor address; City; State; Zip Code East Lansing, MI 48826-0867	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rittenberg, William <hr/> Contributor address; City; State; Zip Code East Lansing, MI 48826-0867	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rittenberg, William <hr/> Contributor address; City; State; Zip Code East Lansing, MI 48826-0867	Amount of Contribution (\$) \$10.00
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: 882/1229 Rpt: 885/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rittenberg, William <hr/> 6 Contributor address; City; State; Zip Code East Lansing, MI 48826-0867	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rittenberg, William <hr/> Contributor address; City; State; Zip Code East Lansing, MI 48826-0867	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rittenberg, William <hr/> Contributor address; City; State; Zip Code East Lansing, MI 48826-0867	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rittenberg, William <hr/> Contributor address; City; State; Zip Code East Lansing, MI 48826-0867	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rittenberg, William <hr/> Contributor address; City; State; Zip Code East Lansing, MI 48826-0867	Amount of Contribution (\$) \$10.00
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: 883/1229 Rpt: 886/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rittenberg, William <hr/> 6 Contributor address; City; State; Zip Code East Lansing, MI 48826-0867	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rittenberg, William <hr/> Contributor address; City; State; Zip Code East Lansing, MI 48826-0867	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martin <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02142-1239	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Lingusitic Systems Inc.
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martin <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02142-1239	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Lingusitic Systems Inc.
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martin <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02142-1239	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Lingusitic Systems Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 884/1229 Rpt: 887/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martin <hr/> 6 Contributor address; City; State; Zip Code Cambridge, MA 02142-1239	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Lingusitic Systems Inc.
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martin <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02142-1239	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Lingusitic Systems Inc.
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martin <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02142-1239	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Lingusitic Systems Inc.
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martin <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02142-1239	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Lingusitic Systems Inc.
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martin <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02142-1239	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Lingusitic Systems Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 885/1229 Rpt: 888/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martin	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Cambridge, MA 02142-1239		
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Lingusitic Systems Inc.
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martin	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cambridge, MA 02142-1239		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Lingusitic Systems Inc.
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martin	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cambridge, MA 02142-1239		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Lingusitic Systems Inc.
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martin	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cambridge, MA 02142-1239		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Lingusitic Systems Inc.
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martin	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cambridge, MA 02142-1239		
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Lingusitic Systems Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 886/1229 Rpt: 889/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martin <hr/> 6 Contributor address; City; State; Zip Code Cambridge, MA 02142-1239	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Lingusitic Systems Inc.
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martin <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02142-1239	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Lingusitic Systems Inc.
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roberts, Martin <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02142-1239	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Lingusitic Systems Inc.
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robertson, Jack <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081-5441	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Avis C. <hr/> Contributor address; City; State; Zip Code Arlington, VA 22205-3033	Amount of Contribution (\$) \$250.00
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: 887/1229 Rpt: 890/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Beverly <hr/> 6 Contributor address; City; State; Zip Code Henrico, VA 23233-7849	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Christine <hr/> Contributor address; City; State; Zip Code Montgomery, AL 36107-1549	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Part Time Employee		Employer (See Instructions) Grainger
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Christine <hr/> Contributor address; City; State; Zip Code Montgomery, AL 36107-1549	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Part Time Employee		Employer (See Instructions) Grainger
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Christine <hr/> Contributor address; City; State; Zip Code Montgomery, AL 36107-1549	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Part Time Employee		Employer (See Instructions) Grainger
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Christine <hr/> Contributor address; City; State; Zip Code Montgomery, AL 36107-1549	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Part Time Employee		Employer (See Instructions) Grainger

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 888/1229 Rpt: 891/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Thomas <hr/> 6 Contributor address; City; State; Zip Code Dayton, OH 45406-5118	7 Amount of Contribution (\$) \$33.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Thomas <hr/> Contributor address; City; State; Zip Code Dayton, OH 45406-5118	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Thomas <hr/> Contributor address; City; State; Zip Code Dayton, OH 45406-5118	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Thomas <hr/> Contributor address; City; State; Zip Code Dayton, OH 45406-5118	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Thomas <hr/> Contributor address; City; State; Zip Code Dayton, OH 45406-5118	Amount of Contribution (\$) \$33.00
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: 889/1229 Rpt: 892/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Thomas <hr/> 6 Contributor address; City; State; Zip Code Dayton, OH 45406-5118	7 Amount of Contribution (\$) \$33.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Tracy <hr/> Contributor address; City; State; Zip Code Columbia, MD 21044-1356	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Johns Hopkins Applied Physics Laboratory
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Tracy <hr/> Contributor address; City; State; Zip Code Columbia, MD 21044-1356	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Johns Hopkins Applied Physics Laboratory
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Tracy <hr/> Contributor address; City; State; Zip Code Columbia, MD 21044-1356	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Johns Hopkins Applied Physics Laboratory
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Tracy <hr/> Contributor address; City; State; Zip Code Columbia, MD 21044-1356	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Johns Hopkins Applied Physics Laboratory

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 890/1229 Rpt: 893/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Tracy	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Columbia, MD 21044-1356		
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Johns Hopkins Applied Physics Laboratory
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Tracy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Columbia, MD 21044-1356		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Johns Hopkins Applied Physics Laboratory
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Ron	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Palm Springs, CA 92262-0593		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Paula	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Mill Creek, WA 98012-5553		
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Philips
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Paula	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Mill Creek, WA 98012-5553		
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Philips

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 891/1229 Rpt: 894/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Paula <hr/> 6 Contributor address; City; State; Zip Code Mill Creek, WA 98012-5553	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Technical Writer		9 Employer (See Instructions) Philips
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Paula <hr/> Contributor address; City; State; Zip Code Mill Creek, WA 98012-5553	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Philips
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Paula <hr/> Contributor address; City; State; Zip Code Mill Creek, WA 98012-5553	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Philips
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodriguez, Paula <hr/> Contributor address; City; State; Zip Code Mill Creek, WA 98012-5553	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Philips
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rollefson, Richard <hr/> Contributor address; City; State; Zip Code New York, NY 10033-1144	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: 892/1229 Rpt: 895/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rollefson, Richard <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10033-1144	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rollefson, Richard <hr/> Contributor address; City; State; Zip Code New York, NY 10033-1144	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rollefson, Richard <hr/> Contributor address; City; State; Zip Code New York, NY 10033-1144	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rollefson, Richard <hr/> Contributor address; City; State; Zip Code New York, NY 10033-1144	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rollefson, Richard <hr/> Contributor address; City; State; Zip Code New York, NY 10033-1144	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: 893/1229 Rpt: 896/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roosen-Runge, Ursula <hr/> 6 Contributor address; City; State; Zip Code Langley, WA 98260-9601	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Executive Director		9 Employer (See Instructions) Whidbey Homeless Coalition
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roosen-Runge, Ursula <hr/> Contributor address; City; State; Zip Code Langley, WA 98260-9601	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Whidbey Homeless Coalition
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roosen-Runge, Ursula <hr/> Contributor address; City; State; Zip Code Langley, WA 98260-9601	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Whidbey Homeless Coalition
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roosen-Runge, Ursula <hr/> Contributor address; City; State; Zip Code Langley, WA 98260-9601	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Whidbey Homeless Coalition
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roosen-Runge, Ursula <hr/> Contributor address; City; State; Zip Code Langley, WA 98260-9601	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Whidbey Homeless Coalition

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 894/1229 Rpt: 897/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roper, Valerie <hr/> 6 Contributor address; City; State; Zip Code Lawrence, KS 66049-4776	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roper, Valerie <hr/> Contributor address; City; State; Zip Code Lawrence, KS 66049-4776	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roper, Valerie <hr/> Contributor address; City; State; Zip Code Lawrence, KS 66049-4776	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roper, Valerie <hr/> Contributor address; City; State; Zip Code Lawrence, KS 66049-4776	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roper, Valerie <hr/> Contributor address; City; State; Zip Code Lawrence, KS 66049-4776	Amount of Contribution (\$) \$40.00
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: 895/1229 Rpt: 898/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roper, Valerie <hr/> 6 Contributor address; City; State; Zip Code Lawrence, KS 66049-4776	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenblatt, Bob <hr/> Contributor address; City; State; Zip Code Annandale, VA 22003-1161	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Writer and Editor		Employer (See Instructions) HelpwithAging.com
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenbluth, Herbert <hr/> Contributor address; City; State; Zip Code Arlington, MA 02474-2323	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenbluth, Herbert <hr/> Contributor address; City; State; Zip Code Arlington, MA 02474-2323	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenbluth, Herbert <hr/> Contributor address; City; State; Zip Code Arlington, MA 02474-2323	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: 896/1229 Rpt: 899/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenbluth, Herbert <hr/> 6 Contributor address; City; State; Zip Code Arlington, MA 02474-2323	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenbluth, Herbert <hr/> Contributor address; City; State; Zip Code Arlington, MA 02474-2323	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenbluth, Herbert <hr/> Contributor address; City; State; Zip Code Arlington, MA 02474-2323	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenfeld, Gillilan <hr/> Contributor address; City; State; Zip Code New York, NY 10024-2922	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenfeld, Gillilan <hr/> Contributor address; City; State; Zip Code New York, NY 10024-2922	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: 897/1229 Rpt: 900/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenfeld, Gillilan <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10024-2922	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenfeld, Gillilan <hr/> Contributor address; City; State; Zip Code New York, NY 10024-2922	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenfeld, Gillilan <hr/> Contributor address; City; State; Zip Code New York, NY 10024-2922	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenfeld, Gillilan <hr/> Contributor address; City; State; Zip Code New York, NY 10024-2922	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenfeld, William <hr/> Contributor address; City; State; Zip Code Lexington, MA 02420-2340	Amount of Contribution (\$) \$1,000.00
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: 898/1229 Rpt: 901/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenfeld, William <hr/> 6 Contributor address; City; State; Zip Code Lexington, MA 02420-2340	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenzweig, Jedediah B. <hr/> Contributor address; City; State; Zip Code Oak Bluffs, MA 02557-2190	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rouaix, Suzanne <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98027-5402	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Founding Member Broker		Employer (See Instructions) SDR Franchise Brokerage LLC
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rouaix, Suzanne <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98027-5402	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Founding Member Broker		Employer (See Instructions) SDR Franchise Brokerage LLC
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rouaix, Suzanne <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98027-5402	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Founding Member Broker		Employer (See Instructions) SDR Franchise Brokerage LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 899/1229 Rpt: 902/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rouaix, Suzanne <hr/> 6 Contributor address; City; State; Zip Code Issaquah, WA 98027-5402	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Founding Member Broker		9 Employer (See Instructions) SDR Franchise Brokerage LLC
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rouaix, Suzanne <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98027-5402	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Founding Member Broker		Employer (See Instructions) SDR Franchise Brokerage LLC
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rouaix, Suzanne <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98027-5402	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Founding Member Broker		Employer (See Instructions) SDR Franchise Brokerage LLC
Date 12/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubenstein, Michael <hr/> Contributor address; City; State; Zip Code Brookline, MA 02445-4130	Amount of Contribution (\$) \$10,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Rhea <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618-2628	Amount of Contribution (\$) \$50.00
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: 900/1229 Rpt: 903/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Rhea <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94618-2628	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Rhea <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618-2628	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Rhea <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618-2628	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Rhea <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618-2628	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Rhea <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618-2628	Amount of Contribution (\$) \$50.00
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: 901/1229 Rpt: 904/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubinstein, Michael <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94131-1395	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Software Developer		9 Employer (See Instructions) Self Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubinstein, Michael <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94131-1395	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubinstein, Michael <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94131-1395	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Self Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubinstein, Michael <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94131-1395	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Self Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubinstein, Michael <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94131-1395	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Developer		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: 902/1229 Rpt: 905/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubinstein, Michael <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94131-1395	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Software Developer		9 Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudd, Anna D <hr/> Contributor address; City; State; Zip Code Seattle, WA 98102-4103	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudd, Anna D <hr/> Contributor address; City; State; Zip Code Seattle, WA 98102-4103	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudd, Anna D <hr/> Contributor address; City; State; Zip Code Seattle, WA 98102-4103	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudd, Anna D <hr/> Contributor address; City; State; Zip Code Seattle, WA 98102-4103	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: 903/1229 Rpt: 906/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudd, Anna D <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98102-4103	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudd, Anna D <hr/> Contributor address; City; State; Zip Code Seattle, WA 98102-4103	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudder, Clymene <hr/> Contributor address; City; State; Zip Code Delray Beach, FL 33446-2527	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudder, Clymene <hr/> Contributor address; City; State; Zip Code Delray Beach, FL 33446-2527	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudder, Clymene <hr/> Contributor address; City; State; Zip Code Delray Beach, FL 33446-2527	Amount of Contribution (\$) \$7.00
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: 904/1229 Rpt: 907/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudder, Clymene <hr/> 6 Contributor address; City; State; Zip Code Delray Beach, FL 33446-2527	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudder, Clymene <hr/> Contributor address; City; State; Zip Code Delray Beach, FL 33446-2527	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudder, Clymene <hr/> Contributor address; City; State; Zip Code Delray Beach, FL 33446-2527	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudder, Clymene <hr/> Contributor address; City; State; Zip Code Delray Beach, FL 33446-2527	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudder, Clymene <hr/> Contributor address; City; State; Zip Code Delray Beach, FL 33446-2527	Amount of Contribution (\$) \$5.00
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: 905/1229 Rpt: 908/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudder, Clymene	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Delray Beach, FL 33446-2527		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudder, Clymene	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Delray Beach, FL 33446-2527		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudder, Clymene	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Delray Beach, FL 33446-2527		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudder, Clymene	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Delray Beach, FL 33446-2527		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudder, Clymene	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Delray Beach, FL 33446-2527		
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: 906/1229 Rpt: 909/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudder, Clymene <hr/> 6 Contributor address; City; State; Zip Code Delray Beach, FL 33446-2527	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudolf, Richard <hr/> Contributor address; City; State; Zip Code Valley Center, CA 92082-5263	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudy, Jacqueline <hr/> Contributor address; City; State; Zip Code Voorhees, NJ 08043-9525	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudy, Jacqueline <hr/> Contributor address; City; State; Zip Code Voorhees, NJ 08043-9525	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudy, Jacqueline <hr/> Contributor address; City; State; Zip Code Voorhees, NJ 08043-9525	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: 907/1229 Rpt: 910/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rudy, Jacqueline <hr/> 6 Contributor address; City; State; Zip Code Voorhees, NJ 08043-9525	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruff, Arlene <hr/> Contributor address; City; State; Zip Code Boca Raton, FL 33496-1339	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruff, Arlene <hr/> Contributor address; City; State; Zip Code Boca Raton, FL 33496-1339	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruff, Arlene <hr/> Contributor address; City; State; Zip Code Boca Raton, FL 33496-1339	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruff, Arlene <hr/> Contributor address; City; State; Zip Code Boca Raton, FL 33496-1339	Amount of Contribution (\$) \$15.00
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: 908/1229 Rpt: 911/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruff, Arlene <hr/> 6 Contributor address; City; State; Zip Code Boca Raton, FL 33496-1339	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruff, Arlene <hr/> Contributor address; City; State; Zip Code Boca Raton, FL 33496-1339	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruff, Arlene <hr/> Contributor address; City; State; Zip Code Boca Raton, FL 33496-1339	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruff, Arlene <hr/> Contributor address; City; State; Zip Code Boca Raton, FL 33496-1339	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruff, Arlene <hr/> Contributor address; City; State; Zip Code Boca Raton, FL 33496-1339	Amount of Contribution (\$) \$10.00
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: 909/1229 Rpt: 912/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruff, Arlene <hr/> 6 Contributor address; City; State; Zip Code Boca Raton, FL 33496-1339	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruff, Arlene <hr/> Contributor address; City; State; Zip Code Boca Raton, FL 33496-1339	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruff, Arlene <hr/> Contributor address; City; State; Zip Code Boca Raton, FL 33496-1339	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rundell, Mary <hr/> Contributor address; City; State; Zip Code Foxborough, MA 02035-2979	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruppert, JoAnn <hr/> Contributor address; City; State; Zip Code Tesuque, NM 87574-0550	Amount of Contribution (\$) \$100.00
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: 910/1229 Rpt: 913/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruppert, JoAnn <hr/> 6 Contributor address; City; State; Zip Code Tesuque, NM 87574-0550	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Mary R. <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89103-4545	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Mary R. <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89103-4545	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rust, Dean <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22306-2559	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rust, Dean <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22306-2559	Amount of Contribution (\$) \$50.00
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: 911/1229 Rpt: 914/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutter, John <hr/> 6 Contributor address; City; State; Zip Code Lynnwood, WA 98036-4507	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Connie <hr/> Contributor address; City; State; Zip Code Brightwood, OR 97011-0514	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Connie <hr/> Contributor address; City; State; Zip Code Brightwood, OR 97011-0514	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Connie <hr/> Contributor address; City; State; Zip Code Brightwood, OR 97011-0514	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Connie <hr/> Contributor address; City; State; Zip Code Brightwood, OR 97011-0514	Amount of Contribution (\$) \$18.00
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: 912/1229 Rpt: 915/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	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 97011-0514	7 Amount of Contribution (\$) \$18.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Connie <hr/> Contributor address; City; State; Zip Code Brightwood, OR 97011-0514	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saavedra, Carmen <hr/> Contributor address; City; State; Zip Code La Canada Flintridge, CA 91011-2828	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saavedra, Carmen <hr/> Contributor address; City; State; Zip Code La Canada Flintridge, CA 91011-2828	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabersky, Carol <hr/> Contributor address; City; State; Zip Code Swarthmore, PA 19081-1632	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: 913/1229 Rpt: 916/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabersky, Carol <hr/> 6 Contributor address; City; State; Zip Code Swarthmore, PA 19081-1632	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabersky, Carol <hr/> Contributor address; City; State; Zip Code Swarthmore, PA 19081-1632	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabersky, Carol <hr/> Contributor address; City; State; Zip Code Swarthmore, PA 19081-1632	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabersky, Carol <hr/> Contributor address; City; State; Zip Code Swarthmore, PA 19081-1632	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sabersky, Carol <hr/> Contributor address; City; State; Zip Code Swarthmore, PA 19081-1632	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: 914/1229 Rpt: 917/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salam, Kevin <hr/> 6 Contributor address; City; State; Zip Code Denver, CO 80206-3851	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salam, Kevin <hr/> Contributor address; City; State; Zip Code Denver, CO 80206-3851	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salam, Kevin <hr/> Contributor address; City; State; Zip Code Denver, CO 80206-3851	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salam, Kevin <hr/> Contributor address; City; State; Zip Code Denver, CO 80206-3851	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salam, Kevin <hr/> Contributor address; City; State; Zip Code Denver, CO 80206-3851	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		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: 915/1229 Rpt: 918/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006	
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: 916/1229 Rpt: 919/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L.	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L.	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006		
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: 917/1229 Rpt: 920/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L. <hr/> 6 Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L. <hr/> Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L. <hr/> Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L. <hr/> Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L. <hr/> Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006	Amount of Contribution (\$) \$10.00
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: 918/1229 Rpt: 921/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L.	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L.	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L.	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L.	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006		
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: 919/1229 Rpt: 922/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salata, Susan L.	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Bridgeport, CT 06604-1006	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salcedo, Pat	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Thiells, NY 10984-1300	
Principal occupation / Job title (See Instructions) School Counselor		Employer (See Instructions) North Rockland School District
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salcedo, Pat	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Thiells, NY 10984-1300	
Principal occupation / Job title (See Instructions) School Counselor		Employer (See Instructions) North Rockland School District
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salcedo, Pat	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Thiells, NY 10984-1300	
Principal occupation / Job title (See Instructions) School Counselor		Employer (See Instructions) North Rockland School District
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salcedo, Pat	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Thiells, NY 10984-1300	
Principal occupation / Job title (See Instructions) School Counselor		Employer (See Instructions) North Rockland School District

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 920/1229 Rpt: 923/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salcedo, Pat <hr/> 6 Contributor address; City; State; Zip Code Thiells, NY 10984-1300	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) School Counselor		9 Employer (See Instructions) North Rockland School District
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samstein, Benjamin <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-1198	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weill Cornell Medicine
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samstein, Benjamin <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-1198	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weill Cornell Medicine
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samstein, Benjamin <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-1198	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weill Cornell Medicine
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samstein, Benjamin <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-1198	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weill Cornell Medicine

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 921/1229 Rpt: 924/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samstein, Benjamin <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11201-1198	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Weill Cornell Medicine
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samstein, Benjamin <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-1198	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weill Cornell Medicine
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samstein, Benjamin <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-1198	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weill Cornell Medicine
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samstein, Benjamin <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-1198	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weill Cornell Medicine
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samstein, Benjamin <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-1198	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weill Cornell Medicine

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 922/1229 Rpt: 925/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samstein, Benjamin <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11201-1198	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Weill Cornell Medicine
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samstein, Benjamin <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-1198	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weill Cornell Medicine
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samstein, Benjamin <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-1198	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weill Cornell Medicine
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Samuelson, Martha S. <hr/> Contributor address; City; State; Zip Code West Newton, MA 02465-2308	Amount of Contribution (\$) \$75,000.00
Principal occupation / Job title (See Instructions) Chief Executive Officer		Employer (See Instructions) Analysis Group
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanchez, Jody <hr/> Contributor address; City; State; Zip Code Lakewood, CO 80215-2788	Amount of Contribution (\$) \$100.00
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: 923/1229 Rpt: 926/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sand, Julia <hr/> 6 Contributor address; City; State; Zip Code Saint Paul, MN 55105-2217	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanderson, Debra <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705-2334	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) City Planner		Employer (See Instructions) Self Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanderson, Debra <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705-2334	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) City Planner		Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanderson, Debra <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705-2334	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) City Planner		Employer (See Instructions) Self Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanderson, Debra <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705-2334	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) City Planner		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: 924/1229 Rpt: 927/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanderson, Debra <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94705-2334	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) City Planner		9 Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanderson, Debra <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705-2334	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) City Planner		Employer (See Instructions) Self Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandweiss, Ellen <hr/> Contributor address; City; State; Zip Code Asheville, NC 28804-2965	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandweiss, Ellen <hr/> Contributor address; City; State; Zip Code Asheville, NC 28804-2965	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandweiss, Ellen <hr/> Contributor address; City; State; Zip Code Asheville, NC 28804-2965	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: 925/1229 Rpt: 928/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandweiss, Ellen <hr/> 6 Contributor address; City; State; Zip Code Asheville, NC 28804-2965	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandweiss, Ellen <hr/> Contributor address; City; State; Zip Code Asheville, NC 28804-2965	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sandweiss, Ellen <hr/> Contributor address; City; State; Zip Code Asheville, NC 28804-2965	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanford, Gene <hr/> Contributor address; City; State; Zip Code Odenton, MD 21113-1702	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanger, Nancy <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-4392	Amount of Contribution (\$) \$20.00
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: 926/1229 Rpt: 929/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanger, Nancy <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98116-4392	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanger, Nancy <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-4392	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanger, Nancy <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-4392	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanger, Nancy <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-4392	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanger, Nancy <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-4392	Amount of Contribution (\$) \$20.00
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: 927/1229 Rpt: 930/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santogade, Peter	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Three Lakes, WI 54562-9252		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Weatherby
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santogade, Peter	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Three Lakes, WI 54562-9252		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weatherby
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santogade, Peter	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Three Lakes, WI 54562-9252		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weatherby
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santogade, Peter	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Three Lakes, WI 54562-9252		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weatherby
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santogade, Peter	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Three Lakes, WI 54562-9252		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weatherby

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 928/1229 Rpt: 931/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santogade, Peter <hr/> 6 Contributor address; City; State; Zip Code Three Lakes, WI 54562-9252	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Weatherby
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santogade, Peter <hr/> Contributor address; City; State; Zip Code Three Lakes, WI 54562-9252	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weatherby
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santogade, Peter <hr/> Contributor address; City; State; Zip Code Three Lakes, WI 54562-9252	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weatherby
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santogade, Peter <hr/> Contributor address; City; State; Zip Code Three Lakes, WI 54562-9252	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weatherby
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santogade, Peter <hr/> Contributor address; City; State; Zip Code Three Lakes, WI 54562-9252	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weatherby

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 929/1229 Rpt: 932/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santogade, Peter <hr/> 6 Contributor address; City; State; Zip Code Three Lakes, WI 54562-9252	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Weatherby
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santogade, Peter <hr/> Contributor address; City; State; Zip Code Three Lakes, WI 54562-9252	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Weatherby
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santucci, Rosanne <hr/> Contributor address; City; State; Zip Code Medford, MA 02155-4304	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Massachusetts Institute of Technology
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santucci, Rosanne <hr/> Contributor address; City; State; Zip Code Medford, MA 02155-4304	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Massachusetts Institute of Technology
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santucci, Rosanne <hr/> Contributor address; City; State; Zip Code Medford, MA 02155-4304	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Massachusetts Institute of Technology

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 930/1229 Rpt: 933/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santucci, Rosanne <hr/> 6 Contributor address; City; State; Zip Code Medford, MA 02155-4304	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Analyst		9 Employer (See Instructions) Massachusetts Institute of Technology
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santucci, Rosanne <hr/> Contributor address; City; State; Zip Code Medford, MA 02155-4304	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Massachusetts Institute of Technology
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santucci, Rosanne <hr/> Contributor address; City; State; Zip Code Medford, MA 02155-4304	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Massachusetts Institute of Technology
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah, Blust <hr/> Contributor address; City; State; Zip Code Jersey City, NJ 07306-5802	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Public Health		Employer (See Instructions) PCDC
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah, Blust <hr/> Contributor address; City; State; Zip Code Jersey City, NJ 07306-5802	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Public Health		Employer (See Instructions) PCDC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 931/1229 Rpt: 934/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah, Blust <hr/> 6 Contributor address; City; State; Zip Code Jersey City, NJ 07306-5802	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Public Health		9 Employer (See Instructions) PCDC
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah, Blust <hr/> Contributor address; City; State; Zip Code Jersey City, NJ 07306-5802	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Public Health		Employer (See Instructions) PCDC
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah, Blust <hr/> Contributor address; City; State; Zip Code Jersey City, NJ 07306-5802	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Public Health		Employer (See Instructions) PCDC
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarah, Blust <hr/> Contributor address; City; State; Zip Code Jersey City, NJ 07306-5802	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Public Health		Employer (See Instructions) PCDC
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G. <hr/> Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	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: 932/1229 Rpt: 935/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	
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: 933/1229 Rpt: 936/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	
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: 934/1229 Rpt: 937/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	
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: 935/1229 Rpt: 938/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sarley, John G.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Port Hueneme, CA 93041-3566	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saroukhanians, Suzi	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Seattle, WA 98144-3108	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Gilead Sciences
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saroukhanians, Suzi	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Seattle, WA 98144-3108	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Gilead Sciences
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saroukhanians, Suzi	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Seattle, WA 98144-3108	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Gilead Sciences
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saroukhanians, Suzi	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Seattle, WA 98144-3108	
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Gilead Sciences

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 936/1229 Rpt: 939/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saroukhanians, Suzi <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98144-3108	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Gilead Sciences
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saslow, Wayne <hr/> Contributor address; City; State; Zip Code College Station, TX 77840-2311	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) College Faculty		Employer (See Instructions) Texas A and M University
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saslow, Wayne <hr/> Contributor address; City; State; Zip Code College Station, TX 77840-2311	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) College Faculty		Employer (See Instructions) Texas A and M University
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saslow, Wayne <hr/> Contributor address; City; State; Zip Code College Station, TX 77840-2311	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) College Faculty		Employer (See Instructions) Texas A and M University
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saslow, Wayne <hr/> Contributor address; City; State; Zip Code College Station, TX 77840-2311	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) College Faculty		Employer (See Instructions) Texas A and M University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 937/1229 Rpt: 940/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saslow, Wayne <hr/> 6 Contributor address; City; State; Zip Code College Station, TX 77840-2311	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) College Faculty		9 Employer (See Instructions) Texas A and M University
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saslow, Wayne <hr/> Contributor address; City; State; Zip Code College Station, TX 77840-2311	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) College Faculty		Employer (See Instructions) Texas A and M University
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Satten, Matt <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19145-3853	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Founders Brewing Co.
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Satten, Matt <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19145-3853	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Founders Brewing Co.
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Satten, Matt <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19145-3853	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Founders Brewing Co.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 938/1229 Rpt: 941/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Satten, Matt <hr/> 6 Contributor address; City; State; Zip Code Philadelphia, PA 19145-3853	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Sales		9 Employer (See Instructions) Founders Brewing Co.
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Satten, Matt <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19145-3853	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Founders Brewing Co.
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Satten, Matt <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19145-3853	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Founders Brewing Co.
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauter, Evelyn <hr/> Contributor address; City; State; Zip Code Mesa, AZ 85212-9822	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauter, Evelyn <hr/> Contributor address; City; State; Zip Code Mesa, AZ 85212-9822	Amount of Contribution (\$) \$20.00
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: 939/1229 Rpt: 942/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauter, Evelyn <hr/> 6 Contributor address; City; State; Zip Code Mesa, AZ 85212-9822	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauter, Evelyn <hr/> Contributor address; City; State; Zip Code Mesa, AZ 85212-9822	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauter, Evelyn <hr/> Contributor address; City; State; Zip Code Mesa, AZ 85212-9822	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauter, Evelyn <hr/> Contributor address; City; State; Zip Code Mesa, AZ 85212-9822	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauter, Leah <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-5076	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Allen and Overy LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 940/1229 Rpt: 943/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauter, Leah <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11201-5076	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Allen and Overy LLP
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauter, Leah <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-5076	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Allen and Overy LLP
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauter, Leah <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-5076	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Allen and Overy LLP
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauter, Leah <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-5076	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Allen and Overy LLP
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauter, Leah <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-5076	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Allen and Overy LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 941/1229 Rpt: 944/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Savage, Diane <hr/> 6 Contributor address; City; State; Zip Code Menlo Park, CA 94025-5522	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Cooley LLP
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Savage, Diane <hr/> Contributor address; City; State; Zip Code Menlo Park, CA 94025-5522	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Cooley LLP
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Savage, Diane <hr/> Contributor address; City; State; Zip Code Menlo Park, CA 94025-5522	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Cooley LLP
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Savage, Diane <hr/> Contributor address; City; State; Zip Code Menlo Park, CA 94025-5522	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Cooley LLP
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Savage, Diane <hr/> Contributor address; City; State; Zip Code Menlo Park, CA 94025-5522	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Cooley LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 942/1229 Rpt: 945/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Savage, Diane <hr/> 6 Contributor address; City; State; Zip Code Menlo Park, CA 94025-5522	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Cooley LLP
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawchuk, Pete <hr/> Contributor address; City; State; Zip Code New Hyde Park, NY 11040-4134	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) B Sharp Musical Productions
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawchuk, Pete <hr/> Contributor address; City; State; Zip Code New Hyde Park, NY 11040-4134	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) B Sharp Musical Productions
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawchuk, Pete <hr/> Contributor address; City; State; Zip Code New Hyde Park, NY 11040-4134	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) B Sharp Musical Productions
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawchuk, Pete <hr/> Contributor address; City; State; Zip Code New Hyde Park, NY 11040-4134	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) B Sharp Musical Productions

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 943/1229 Rpt: 946/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawchuk, Pete <hr/> 6 Contributor address; City; State; Zip Code New Hyde Park, NY 11040-4134	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Musician		9 Employer (See Instructions) B Sharp Musical Productions
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawchuk, Pete <hr/> Contributor address; City; State; Zip Code New Hyde Park, NY 11040-4134	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) B Sharp Musical Productions
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, Shirley <hr/> Contributor address; City; State; Zip Code Archdale, NC 27263-3842	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, Shirley <hr/> Contributor address; City; State; Zip Code Archdale, NC 27263-3842	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, Shirley <hr/> Contributor address; City; State; Zip Code Archdale, NC 27263-3842	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: 944/1229 Rpt: 947/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, Shirley <hr/> 6 Contributor address; City; State; Zip Code Archdale, NC 27263-3842	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaefer, Shirley <hr/> Contributor address; City; State; Zip Code Archdale, NC 27263-3842	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schair-Cardona, Erica <hr/> Contributor address; City; State; Zip Code Portland, ME 04112-7235	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schair-Cardona, Erica <hr/> Contributor address; City; State; Zip Code Portland, ME 04112-7235	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schair-Cardona, Erica <hr/> Contributor address; City; State; Zip Code Portland, ME 04112-7235	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		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: 945/1229 Rpt: 948/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schair-Cardona, Erica <hr/> 6 Contributor address; City; State; Zip Code Portland, ME 04112-7235	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schair-Cardona, Erica <hr/> Contributor address; City; State; Zip Code Portland, ME 04112-7235	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schair-Cardona, Erica <hr/> Contributor address; City; State; Zip Code Portland, ME 04112-7235	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scheiderich, James <hr/> Contributor address; City; State; Zip Code Liverpool, NY 13090-6861	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scheiderich, James <hr/> Contributor address; City; State; Zip Code Liverpool, NY 13090-6861	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: 946/1229 Rpt: 949/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scheiderich, James <hr/> 6 Contributor address; City; State; Zip Code Liverpool, NY 13090-6861	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scheiderich, James <hr/> Contributor address; City; State; Zip Code Liverpool, NY 13090-6861	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scheiderich, James <hr/> Contributor address; City; State; Zip Code Liverpool, NY 13090-6861	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scheiderich, James <hr/> Contributor address; City; State; Zip Code Liverpool, NY 13090-6861	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schelleng, Robert <hr/> Contributor address; City; State; Zip Code Narragansett, RI 02882-1024	Amount of Contribution (\$) \$50.00
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: 947/1229 Rpt: 950/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schelleng, Robert	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Narragansett, RI 02882-1024		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schelleng, Robert	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Narragansett, RI 02882-1024		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schelleng, Robert	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Narragansett, RI 02882-1024		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schelleng, Robert	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Narragansett, RI 02882-1024		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schelleng, Robert	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Narragansett, RI 02882-1024		
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: 948/1229 Rpt: 951/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schieffelin, Nancy <hr/> 6 Contributor address; City; State; Zip Code Belmont, MA 02478-3254	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schieffelin, Nancy <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478-3254	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schieffelin, Nancy <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478-3254	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schieffelin, Nancy <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478-3254	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schieffelin, Nancy <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478-3254	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: 949/1229 Rpt: 952/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schieffelin, Nancy <hr/> 6 Contributor address; City; State; Zip Code Belmont, MA 02478-3254	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiewe Rancourt, Darlene M. <hr/> Contributor address; City; State; Zip Code Lake Placid, FL 33852-8975	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Schieran Inc.
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiewe Rancourt, Darlene M. <hr/> Contributor address; City; State; Zip Code Lake Placid, FL 33852-8975	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Schieran Inc.
Date 11/21/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiewe Rancourt, Darlene M. <hr/> Contributor address; City; State; Zip Code Lake Placid, FL 33852-8975	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Schieran Inc.
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiewe Rancourt, Darlene M. <hr/> Contributor address; City; State; Zip Code Lake Placid, FL 33852-8975	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Schieran Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 950/1229 Rpt: 953/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Carol <hr/> 6 Contributor address; City; State; Zip Code Washington, NJ 07882-1556	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schoen, Althea <hr/> Contributor address; City; State; Zip Code East Dennis, MA 02641-1363	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schoen, Althea <hr/> Contributor address; City; State; Zip Code East Dennis, MA 02641-1363	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schoen, Althea <hr/> Contributor address; City; State; Zip Code East Dennis, MA 02641-1363	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schoen, Althea <hr/> Contributor address; City; State; Zip Code East Dennis, MA 02641-1363	Amount of Contribution (\$) \$20.00
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: 951/1229 Rpt: 954/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schoen, Althea <hr/> 6 Contributor address; City; State; Zip Code East Dennis, MA 02641-1363	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schoen, Althea <hr/> Contributor address; City; State; Zip Code East Dennis, MA 02641-1363	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schorr, Lisbeth <hr/> Contributor address; City; State; Zip Code Washington, DC 20015-1414	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schroeder, Vicki <hr/> Contributor address; City; State; Zip Code Golden, CO 80401-7011	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schroeder, Vicki <hr/> Contributor address; City; State; Zip Code Golden, CO 80401-7011	Amount of Contribution (\$) \$40.00
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: 952/1229 Rpt: 955/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schroeder, Vicki	7 Amount of Contribution (\$) \$40.00
6 Contributor address; City; State; Zip Code Golden, CO 80401-7011		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schroeder, Vicki	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Golden, CO 80401-7011		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schroeder, Vicki	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Golden, CO 80401-7011		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schroeder, Vicki	Amount of Contribution (\$) \$40.00
Contributor address; City; State; Zip Code Golden, CO 80401-7011		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuett, Connie	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Spanish Springs, NV 89441-6258		
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: 953/1229 Rpt: 956/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuett, Connie	7 Amount of Contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code Spanish Springs, NV 89441-6258		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuett, Connie	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Spanish Springs, NV 89441-6258		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuett, Connie	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Spanish Springs, NV 89441-6258		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuett, Connie	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Spanish Springs, NV 89441-6258		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuett, Connie	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Spanish Springs, NV 89441-6258		
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: 954/1229 Rpt: 957/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuett, Connie	7 Amount of Contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code Spanish Springs, NV 89441-6258		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuricht, Trudy	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Crescent City, CA 95531-8051		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuricht, Trudy	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Crescent City, CA 95531-8051		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuricht, Trudy	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Crescent City, CA 95531-8051		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuricht, Trudy	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Crescent City, CA 95531-8051		
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: 955/1229 Rpt: 958/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuricht, Trudy <hr/> 6 Contributor address; City; State; Zip Code Crescent City, CA 95531-8051	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuricht, Trudy <hr/> Contributor address; City; State; Zip Code Crescent City, CA 95531-8051	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuricht, Trudy <hr/> Contributor address; City; State; Zip Code Crescent City, CA 95531-8051	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuricht, Trudy <hr/> Contributor address; City; State; Zip Code Crescent City, CA 95531-8051	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuricht, Trudy <hr/> Contributor address; City; State; Zip Code Crescent City, CA 95531-8051	Amount of Contribution (\$) \$30.00
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: 956/1229 Rpt: 959/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Judith	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Mercer Island, WA 98040-3147		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Judith	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Mercer Island, WA 98040-3147		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Judith	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Mercer Island, WA 98040-3147		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Judith	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Mercer Island, WA 98040-3147		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Judith	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Mercer Island, WA 98040-3147		
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: 957/1229 Rpt: 960/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Judith	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Mercer Island, WA 98040-3147		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Judith	Amount of Contribution (\$) \$12.50
Contributor address; City; State; Zip Code Mercer Island, WA 98040-3147		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Judith	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Mercer Island, WA 98040-3147		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Judith	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Mercer Island, WA 98040-3147		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Judith	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Mercer Island, WA 98040-3147		
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: 958/1229 Rpt: 961/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Judith	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Mercer Island, WA 98040-3147		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Judith	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Mercer Island, WA 98040-3147		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Judith	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Mercer Island, WA 98040-3147		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Judith	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Mercer Island, WA 98040-3147		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Linell	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Kirkland, WA 98034-5410		
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: 959/1229 Rpt: 962/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/19/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Linell <hr/> 6 Contributor address; City; State; Zip Code Kirkland, WA 98034-5410	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Linell <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98034-5410	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Linell <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98034-5410	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Linell <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98034-5410	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwab, Linell <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98034-5410	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: 960/1229 Rpt: 963/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Alan <hr/> 6 Contributor address; City; State; Zip Code Westfield, NJ 07090-2707	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Alan <hr/> Contributor address; City; State; Zip Code Westfield, NJ 07090-2707	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Alan <hr/> Contributor address; City; State; Zip Code Westfield, NJ 07090-2707	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Alan <hr/> Contributor address; City; State; Zip Code Westfield, NJ 07090-2707	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Alan <hr/> Contributor address; City; State; Zip Code Westfield, NJ 07090-2707	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: 961/1229 Rpt: 964/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Alan <hr/> 6 Contributor address; City; State; Zip Code Westfield, NJ 07090-2707	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Carol <hr/> Contributor address; City; State; Zip Code Westfield, NJ 07090-2707	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Carol <hr/> Contributor address; City; State; Zip Code Westfield, NJ 07090-2707	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Carol <hr/> Contributor address; City; State; Zip Code Westfield, NJ 07090-2707	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Carol <hr/> Contributor address; City; State; Zip Code Westfield, NJ 07090-2707	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: 962/1229 Rpt: 965/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Carol <hr/> 6 Contributor address; City; State; Zip Code Westfield, NJ 07090-2707	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Carol <hr/> Contributor address; City; State; Zip Code Westfield, NJ 07090-2707	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, David <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08540-3666	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, David <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08540-3666	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scruggs, Martin <hr/> Contributor address; City; State; Zip Code Bellingham, WA 98225-6580	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: 963/1229 Rpt: 966/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scruggs, Martin <hr/> 6 Contributor address; City; State; Zip Code Bellingham, WA 98225-6580	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scruggs, Martin <hr/> Contributor address; City; State; Zip Code Bellingham, WA 98225-6580	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scruggs, Martin <hr/> Contributor address; City; State; Zip Code Bellingham, WA 98225-6580	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seale, Bobby <hr/> Contributor address; City; State; Zip Code Vallejo, CA 94590-3523	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seale, Bobby <hr/> Contributor address; City; State; Zip Code Vallejo, CA 94590-3523	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: 964/1229 Rpt: 967/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seale, Bobby <hr/> 6 Contributor address; City; State; Zip Code Vallejo, CA 94590-3523	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seale, Bobby <hr/> Contributor address; City; State; Zip Code Vallejo, CA 94590-3523	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seale, Bobby <hr/> Contributor address; City; State; Zip Code Vallejo, CA 94590-3523	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seale, Bobby <hr/> Contributor address; City; State; Zip Code Vallejo, CA 94590-3523	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaman, Diane <hr/> Contributor address; City; State; Zip Code Pendleton, KY 40055-9637	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: 965/1229 Rpt: 968/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaman, Diane <hr/> 6 Contributor address; City; State; Zip Code Pendleton, KY 40055-9637	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaman, Diane <hr/> Contributor address; City; State; Zip Code Pendleton, KY 40055-9637	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaman, Diane <hr/> Contributor address; City; State; Zip Code Pendleton, KY 40055-9637	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaman, Diane <hr/> Contributor address; City; State; Zip Code Pendleton, KY 40055-9637	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seaman, Diane <hr/> Contributor address; City; State; Zip Code Pendleton, KY 40055-9637	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: 966/1229 Rpt: 969/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seamans, Dan <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94708-1714	7 Amount of Contribution (\$) \$8.00
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) City of Oakland California
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seamans, Dan <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94708-1714	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) City of Oakland California
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seamans, Dan <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94708-1714	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) City of Oakland California
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seamans, Dan <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94708-1714	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) City of Oakland California
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seamans, Dan <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94708-1714	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) City of Oakland California

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 967/1229 Rpt: 970/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seamans, Dan <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94708-1714	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) City of Oakland California
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seamans, Dan <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94708-1714	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) City of Oakland California
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seamans, Dan <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94708-1714	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) City of Oakland California
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seamans, Dan <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94708-1714	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) City of Oakland California
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seamans, Dan <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94708-1714	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) City of Oakland California

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 968/1229 Rpt: 971/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seamans, Dan <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94708-1714	7 Amount of Contribution (\$) \$8.00
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) City of Oakland California
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seamans, Dan <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94708-1714	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) City of Oakland California
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seeger, Stephanie <hr/> Contributor address; City; State; Zip Code Menlo Park, CA 94025-2718	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Redwood City School District
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seeger, Stephanie <hr/> Contributor address; City; State; Zip Code Menlo Park, CA 94025-2718	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Redwood City School District
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seeger, Stephanie <hr/> Contributor address; City; State; Zip Code Menlo Park, CA 94025-2718	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Redwood City School District

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 969/1229 Rpt: 972/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seeger, Stephanie <hr/> 6 Contributor address; City; State; Zip Code Menlo Park, CA 94025-2718	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Redwood City School District
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seeger, Stephanie <hr/> Contributor address; City; State; Zip Code Menlo Park, CA 94025-2718	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Redwood City School District
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seeger, Stephanie <hr/> Contributor address; City; State; Zip Code Menlo Park, CA 94025-2718	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Redwood City School District
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Segal, Andrew <hr/> Contributor address; City; State; Zip Code Espanola, NM 87532-8206	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Chocolate Maven Bakery
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Segal, Andrew <hr/> Contributor address; City; State; Zip Code Espanola, NM 87532-8206	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Chocolate Maven Bakery

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 970/1229 Rpt: 973/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Segal, Andrew <hr/> 6 Contributor address; City; State; Zip Code Espanola, NM 87532-8206	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Chocolate Maven Bakery
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Segal, Andrew <hr/> Contributor address; City; State; Zip Code Espanola, NM 87532-8206	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Chocolate Maven Bakery
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Segal, Andrew <hr/> Contributor address; City; State; Zip Code Espanola, NM 87532-8206	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Chocolate Maven Bakery
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Segal, Andrew <hr/> Contributor address; City; State; Zip Code Espanola, NM 87532-8206	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Chocolate Maven Bakery
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selfe, Edward <hr/> Contributor address; City; State; Zip Code Kalaheo, HI 96741-9601	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Musician		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: 971/1229 Rpt: 974/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selfe, Edward <hr/> 6 Contributor address; City; State; Zip Code Kalaheo, HI 96741-9601	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Musician		9 Employer (See Instructions) Self Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selfe, Edward <hr/> Contributor address; City; State; Zip Code Kalaheo, HI 96741-9601	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selfe, Edward <hr/> Contributor address; City; State; Zip Code Kalaheo, HI 96741-9601	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selfe, Edward <hr/> Contributor address; City; State; Zip Code Kalaheo, HI 96741-9601	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selfe, Edward <hr/> Contributor address; City; State; Zip Code Kalaheo, HI 96741-9601	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Musician		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: 972/1229 Rpt: 975/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selnick, Gene C. <hr/> 6 Contributor address; City; State; Zip Code San Diego, CA 92111-7006	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selnick, Gene C. <hr/> Contributor address; City; State; Zip Code San Diego, CA 92111-7006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selnick, Gene C. <hr/> Contributor address; City; State; Zip Code San Diego, CA 92111-7006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selnick, Gene C. <hr/> Contributor address; City; State; Zip Code San Diego, CA 92111-7006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selnick, Gene C. <hr/> Contributor address; City; State; Zip Code San Diego, CA 92111-7006	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: 973/1229 Rpt: 976/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Selnick, Gene C. <hr/> 6 Contributor address; City; State; Zip Code San Diego, CA 92111-7006	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seward, Paul <hr/> Contributor address; City; State; Zip Code Middlebury, VT 05753-4603	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seward, Paul <hr/> Contributor address; City; State; Zip Code Middlebury, VT 05753-4603	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seward, Paul <hr/> Contributor address; City; State; Zip Code Middlebury, VT 05753-4603	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seward, Paul <hr/> Contributor address; City; State; Zip Code Middlebury, VT 05753-4603	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: 974/1229 Rpt: 977/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seward, Paul <hr/> 6 Contributor address; City; State; Zip Code Middlebury, VT 05753-4603	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seward, Paul <hr/> Contributor address; City; State; Zip Code Middlebury, VT 05753-4603	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Andrew <hr/> Contributor address; City; State; Zip Code Laguna Beach, CA 92651-3570	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Self Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Andrew <hr/> Contributor address; City; State; Zip Code Laguna Beach, CA 92651-3570	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Self Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Andrew <hr/> Contributor address; City; State; Zip Code Laguna Beach, CA 92651-3570	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Property Manager		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: 975/1229 Rpt: 978/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Andrew <hr/> 6 Contributor address; City; State; Zip Code Laguna Beach, CA 92651-3570	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Property Manager		9 Employer (See Instructions) Self Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Andrew <hr/> Contributor address; City; State; Zip Code Laguna Beach, CA 92651-3570	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Self Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shannon, Andrew <hr/> Contributor address; City; State; Zip Code Laguna Beach, CA 92651-3570	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Self Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Barbara <hr/> Contributor address; City; State; Zip Code Homosassa, FL 34446-5818	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Veterans Health Administration
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Barbara <hr/> Contributor address; City; State; Zip Code Homosassa, FL 34446-5818	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Veterans Health Administration

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 976/1229 Rpt: 979/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Barbara 6 Contributor address; City; State; Zip Code Homosassa, FL 34446-5818	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Social Worker		9 Employer (See Instructions) Veterans Health Administration
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Barbara Contributor address; City; State; Zip Code Homosassa, FL 34446-5818	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Veterans Health Administration
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Barbara Contributor address; City; State; Zip Code Homosassa, FL 34446-5818	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Veterans Health Administration
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, Barbara Contributor address; City; State; Zip Code Homosassa, FL 34446-5818	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Veterans Health Administration
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shea, Mike Contributor address; City; State; Zip Code Austin, TX 78745-2833	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Event Coordinator		Employer (See Instructions) South by Southwest LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 977/1229 Rpt: 980/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheehan, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Palmyra, NJ 08065-2538	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Dental Hygienist		9 Employer (See Instructions) Albert Einstein Medical Center Philadelphia Campus
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheehan, Cynthia <hr/> Contributor address; City; State; Zip Code Palmyra, NJ 08065-2538	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Dental Hygienist		Employer (See Instructions) Albert Einstein Medical Center Philadelphia Campus
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheehan, Cynthia <hr/> Contributor address; City; State; Zip Code Palmyra, NJ 08065-2538	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Dental Hygienist		Employer (See Instructions) Albert Einstein Medical Center Philadelphia Campus
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheehan, Cynthia <hr/> Contributor address; City; State; Zip Code Palmyra, NJ 08065-2538	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Dental Hygienist		Employer (See Instructions) Albert Einstein Medical Center Philadelphia Campus
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheehan, Cynthia <hr/> Contributor address; City; State; Zip Code Palmyra, NJ 08065-2538	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Dental Hygienist		Employer (See Instructions) Albert Einstein Medical Center Philadelphia Campus

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 978/1229 Rpt: 981/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheehan, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Palmyra, NJ 08065-2538	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Dental Hygienist		9 Employer (See Instructions) Albert Einstein Medical Center Philadelphia Campus
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheeran, Mary <hr/> Contributor address; City; State; Zip Code Bronx, NY 10463-4279	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer and Editor		Employer (See Instructions) Self Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheeran, Mary <hr/> Contributor address; City; State; Zip Code Bronx, NY 10463-4279	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer and Editor		Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheeran, Mary <hr/> Contributor address; City; State; Zip Code Bronx, NY 10463-4279	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer and Editor		Employer (See Instructions) Self Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheeran, Mary <hr/> Contributor address; City; State; Zip Code Bronx, NY 10463-4279	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Writer and Editor		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: 979/1229 Rpt: 982/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheeran, Mary	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Bronx, NY 10463-4279		
8 Principal occupation / Job title (See Instructions) Writer and Editor		9 Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, John R.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Charlottesville, VA 22903-4027		
Principal occupation / Job title (See Instructions) Anthropologist		Employer (See Instructions) University of Virginia
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, John R.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Charlottesville, VA 22903-4027		
Principal occupation / Job title (See Instructions) Anthropologist		Employer (See Instructions) University of Virginia
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, John R.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Charlottesville, VA 22903-4027		
Principal occupation / Job title (See Instructions) Anthropologist		Employer (See Instructions) University of Virginia
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, John R.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Charlottesville, VA 22903-4027		
Principal occupation / Job title (See Instructions) Anthropologist		Employer (See Instructions) University of Virginia

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 980/1229 Rpt: 983/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, John R.	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Charlottesville, VA 22903-4027	
8 Principal occupation / Job title (See Instructions) Anthropologist		9 Employer (See Instructions) University of Virginia
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, John R.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Charlottesville, VA 22903-4027	
Principal occupation / Job title (See Instructions) Anthropologist		Employer (See Instructions) University of Virginia
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Paul	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Highlands Ranch, CO 80126-3603	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Paul	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Highlands Ranch, CO 80126-3603	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Paul	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Highlands Ranch, CO 80126-3603	
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: 981/1229 Rpt: 984/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Paul	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Highlands Ranch, CO 80126-3603		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Paul	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Highlands Ranch, CO 80126-3603		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Paul	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Highlands Ranch, CO 80126-3603		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Sheila	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Highlands Ranch, CO 80126-3603		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Sheila	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Highlands Ranch, CO 80126-3603		
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: 982/1229 Rpt: 985/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Sheila <hr/> 6 Contributor address; City; State; Zip Code Highlands Ranch, CO 80126-3603	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Sheila <hr/> Contributor address; City; State; Zip Code Highlands Ranch, CO 80126-3603	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Sheila <hr/> Contributor address; City; State; Zip Code Highlands Ranch, CO 80126-3603	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shepherd, Sheila <hr/> Contributor address; City; State; Zip Code Highlands Ranch, CO 80126-3603	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherbert, Francine <hr/> Contributor address; City; State; Zip Code La Crescent, MN 55947-1233	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) Watermark Tax

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 983/1229 Rpt: 986/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherbert, Francine	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code La Crescent, MN 55947-1233		
8 Principal occupation / Job title (See Instructions) Bookkeeper		9 Employer (See Instructions) Watermark Tax
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherbert, Francine	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code La Crescent, MN 55947-1233		
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) Watermark Tax
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherbert, Francine	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code La Crescent, MN 55947-1233		
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) Watermark Tax
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherbert, Francine	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code La Crescent, MN 55947-1233		
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) Watermark Tax
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherbert, Francine	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code La Crescent, MN 55947-1233		
Principal occupation / Job title (See Instructions) Bookkeeper		Employer (See Instructions) Watermark Tax

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 984/1229 Rpt: 987/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sherman, Peggy <hr/> 6 Contributor address; City; State; Zip Code Slingerlands, NY 12159-9235	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley-Goldstein, Theresa <hr/> Contributor address; City; State; Zip Code Willingboro, NJ 08046-1635	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley-Goldstein, Theresa <hr/> Contributor address; City; State; Zip Code Willingboro, NJ 08046-1635	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley-Goldstein, Theresa <hr/> Contributor address; City; State; Zip Code Willingboro, NJ 08046-1635	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley-Goldstein, Theresa <hr/> Contributor address; City; State; Zip Code Willingboro, NJ 08046-1635	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley-Goldstein, Theresa <hr/> 6 Contributor address; City; State; Zip Code Willingboro, NJ 08046-1635	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley-Goldstein, Theresa <hr/> Contributor address; City; State; Zip Code Willingboro, NJ 08046-1635	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shonagon, Dory <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55410-2102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shonagon, Dory <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55410-2102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shonagon, Dory <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55410-2102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		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: 986/1229 Rpt: 989/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shonagon, Dory <hr/> 6 Contributor address; City; State; Zip Code Minneapolis, MN 55410-2102	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shonagon, Dory <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55410-2102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shonagon, Dory <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55410-2102	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Short, Al <hr/> Contributor address; City; State; Zip Code North Bennington, VT 05257-9536	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Short, Al <hr/> Contributor address; City; State; Zip Code North Bennington, VT 05257-9536	Amount of Contribution (\$) \$50.00
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: 987/1229 Rpt: 990/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shortess, George K. <hr/> 6 Contributor address; City; State; Zip Code Bethlehem, PA 18020-1301	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shortess, George K. <hr/> Contributor address; City; State; Zip Code Bethlehem, PA 18020-1301	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shortess, George K. <hr/> Contributor address; City; State; Zip Code Bethlehem, PA 18020-1301	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shortess, George K. <hr/> Contributor address; City; State; Zip Code Bethlehem, PA 18020-1301	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shuster, Barbara <hr/> Contributor address; City; State; Zip Code New York, NY 10023-4609	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		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: 988/1229 Rpt: 991/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sias, Cornelia <hr/> 6 Contributor address; City; State; Zip Code San Rafael, CA 94901-4496	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sias, Cornelia <hr/> Contributor address; City; State; Zip Code San Rafael, CA 94901-4496	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sias, Cornelia <hr/> Contributor address; City; State; Zip Code San Rafael, CA 94901-4496	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sias, Cornelia <hr/> Contributor address; City; State; Zip Code San Rafael, CA 94901-4496	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sias, Cornelia <hr/> Contributor address; City; State; Zip Code San Rafael, CA 94901-4496	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		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: 989/1229 Rpt: 992/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sias, Cornelia	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code San Rafael, CA 94901-4496		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silverman, Greg	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Menlo Park, CA 94025-6849		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silverthorne, G. Wesley	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Santa Rosa, CA 95409-5511		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silverthorne, G. Wesley	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Santa Rosa, CA 95409-5511		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Jack	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Villanova, PA 19085-2116		
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: 990/1229 Rpt: 993/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Jack <hr/> 6 Contributor address; City; State; Zip Code Villanova, PA 19085-2116	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Jack <hr/> Contributor address; City; State; Zip Code Villanova, PA 19085-2116	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sinadinos, James <hr/> Contributor address; City; State; Zip Code Mokena, IL 60448-9451	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sinegal, James D. (Mr.) <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98027-8990	Amount of Contribution (\$) \$50,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singer, Richard J. <hr/> Contributor address; City; State; Zip Code Narberth, PA 19072-1159	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		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: 991/1229 Rpt: 994/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singer, Richard J.	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Narberth, PA 19072-1159	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singer, Richard J.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Narberth, PA 19072-1159	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singer, Richard J.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Narberth, PA 19072-1159	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singer, Richard J.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Narberth, PA 19072-1159	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singer, Richard J.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Narberth, PA 19072-1159	
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: 992/1229 Rpt: 995/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singleton, Harold <hr/> 6 Contributor address; City; State; Zip Code Dearborn, MI 48120-1109	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singleton, Harold <hr/> Contributor address; City; State; Zip Code Dearborn, MI 48120-1109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singleton, Harold <hr/> Contributor address; City; State; Zip Code Dearborn, MI 48120-1109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singleton, Harold <hr/> Contributor address; City; State; Zip Code Dearborn, MI 48120-1109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singleton, Harold <hr/> Contributor address; City; State; Zip Code Dearborn, MI 48120-1109	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: 993/1229 Rpt: 996/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singleton, Harold <hr/> 6 Contributor address; City; State; Zip Code Dearborn, MI 48120-1109	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sinton, Peter <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118-1204	Amount of Contribution (\$) \$600.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sitkin, Judith <hr/> Contributor address; City; State; Zip Code Harwich, MA 02645-2818	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skellcerf, Victoria <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-7016	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skellcerf, Victoria <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-7016	Amount of Contribution (\$) \$30.00
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: 994/1229 Rpt: 997/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skellcerf, Victoria <hr/> 6 Contributor address; City; State; Zip Code Eugene, OR 97405-7016	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skellcerf, Victoria <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-7016	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skellcerf, Victoria <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-7016	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Skellcerf, Victoria <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-7016	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sleeper, Stephen <hr/> Contributor address; City; State; Zip Code Bonita Springs, FL 34135-7623	Amount of Contribution (\$) \$20.00
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: 995/1229 Rpt: 998/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sleeper, Stephen	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Bonita Springs, FL 34135-7623		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sleeper, Stephen	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Bonita Springs, FL 34135-7623		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sleeper, Stephen	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Bonita Springs, FL 34135-7623		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sleeper, Stephen	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Bonita Springs, FL 34135-7623		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sleeper, Stephen	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Bonita Springs, FL 34135-7623		
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: 996/1229 Rpt: 999/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slobodkin, David <hr/> 6 Contributor address; City; State; Zip Code Forest Park, IL 60130-1310	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slobodkin, David <hr/> Contributor address; City; State; Zip Code Forest Park, IL 60130-1310	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slobodkin, David <hr/> Contributor address; City; State; Zip Code Forest Park, IL 60130-1310	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slobodkin, David <hr/> Contributor address; City; State; Zip Code Forest Park, IL 60130-1310	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slobodkin, David <hr/> Contributor address; City; State; Zip Code Forest Park, IL 60130-1310	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		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: 997/1229 Rpt: 1000/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slobodkin, David <hr/> 6 Contributor address; City; State; Zip Code Forest Park, IL 60130-1310	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slud, Eric <hr/> Contributor address; City; State; Zip Code Potomac, MD 20854-2315	Amount of Contribution (\$) \$188.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Maryland College Park
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slud, Eric <hr/> Contributor address; City; State; Zip Code Potomac, MD 20854-2315	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Maryland College Park
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smethie, William <hr/> Contributor address; City; State; Zip Code Harrington Park, NJ 07640-1511	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Columbia University
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smethie, William <hr/> Contributor address; City; State; Zip Code Harrington Park, NJ 07640-1511	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Columbia University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 998/1229 Rpt: 1001/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smethie, William	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Harrington Park, NJ 07640-1511		
8 Principal occupation / Job title (See Instructions) Scientist		9 Employer (See Instructions) Columbia University
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smethie, William	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Harrington Park, NJ 07640-1511		
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Columbia University
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smethie, William	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Harrington Park, NJ 07640-1511		
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Columbia University
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smethie, William	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Harrington Park, NJ 07640-1511		
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Columbia University
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smethie, William	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Harrington Park, NJ 07640-1511		
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Columbia University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 999/1229 Rpt: 1002/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smethie, William <hr/> 6 Contributor address; City; State; Zip Code Harrington Park, NJ 07640-1511	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Scientist		9 Employer (See Instructions) Columbia University
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smethie, William <hr/> Contributor address; City; State; Zip Code Harrington Park, NJ 07640-1511	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Columbia University
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smethie, William <hr/> Contributor address; City; State; Zip Code Harrington Park, NJ 07640-1511	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Columbia University
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smethie, William <hr/> Contributor address; City; State; Zip Code Harrington Park, NJ 07640-1511	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Columbia University
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smethie, William <hr/> Contributor address; City; State; Zip Code Harrington Park, NJ 07640-1511	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Columbia University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1000/1229 Rpt: 1003/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Anne	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Berkeley, CA 94707-2015		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Anne	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Berkeley, CA 94707-2015		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Creighton	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Saint James City, FL 33956-2275		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Creighton	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Saint James City, FL 33956-2275		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Creighton	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Saint James City, FL 33956-2275		
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: 1001/1229 Rpt: 1004/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Creighton	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Saint James City, FL 33956-2275		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Creighton	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Saint James City, FL 33956-2275		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Creighton	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Saint James City, FL 33956-2275		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Creighton	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Saint James City, FL 33956-2275		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Creighton	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Saint James City, FL 33956-2275		
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: 1002/1229 Rpt: 1005/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Creighton	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Saint James City, FL 33956-2275		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Creighton	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Saint James City, FL 33956-2275		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Creighton	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Saint James City, FL 33956-2275		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Creighton	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Saint James City, FL 33956-2275		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Saint Louis, MI 48880-1824		
Principal occupation / Job title (See Instructions) Bus Driver		Employer (See Instructions) Dean Transportation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1003/1229 Rpt: 1006/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David <hr/> 6 Contributor address; City; State; Zip Code Saint Louis, MI 48880-1824	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Bus Driver		9 Employer (See Instructions) Dean Transportation
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David <hr/> Contributor address; City; State; Zip Code Saint Louis, MI 48880-1824	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Bus Driver		Employer (See Instructions) Dean Transportation
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David <hr/> Contributor address; City; State; Zip Code Saint Louis, MI 48880-1824	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Bus Driver		Employer (See Instructions) Dean Transportation
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David <hr/> Contributor address; City; State; Zip Code Saint Louis, MI 48880-1824	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Bus Driver		Employer (See Instructions) Dean Transportation
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David <hr/> Contributor address; City; State; Zip Code Saint Louis, MI 48880-1824	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Bus Driver		Employer (See Instructions) Dean Transportation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1004/1229 Rpt: 1007/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, David L.	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Sun City Center, FL 33573-5052	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Don	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Monroe, LA 71203-2714	
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) University of Louisiana at Monroe
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Don	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Monroe, LA 71203-2714	
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) University of Louisiana at Monroe
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Don	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Monroe, LA 71203-2714	
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) University of Louisiana at Monroe
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Don	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Monroe, LA 71203-2714	
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) University of Louisiana at Monroe

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1005/1229 Rpt: 1008/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Don <hr/> 6 Contributor address; City; State; Zip Code Monroe, LA 71203-2714	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Librarian		9 Employer (See Instructions) University of Louisiana at Monroe
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Don <hr/> Contributor address; City; State; Zip Code Monroe, LA 71203-2714	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) University of Louisiana at Monroe
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Glen <hr/> Contributor address; City; State; Zip Code Hilliard, OH 43026-0594	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Glen <hr/> Contributor address; City; State; Zip Code Hilliard, OH 43026-0594	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Glen <hr/> Contributor address; City; State; Zip Code Hilliard, OH 43026-0594	Amount of Contribution (\$) \$10.00
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: 1006/1229 Rpt: 1009/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Glen <hr/> 6 Contributor address; City; State; Zip Code Hilliard, OH 43026-0594	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Glen <hr/> Contributor address; City; State; Zip Code Hilliard, OH 43026-0594	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Glen <hr/> Contributor address; City; State; Zip Code Hilliard, OH 43026-0594	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Glen <hr/> Contributor address; City; State; Zip Code Hilliard, OH 43026-0594	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Glen <hr/> Contributor address; City; State; Zip Code Hilliard, OH 43026-0594	Amount of Contribution (\$) \$10.00
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: 1007/1229 Rpt: 1010/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Glen <hr/> 6 Contributor address; City; State; Zip Code Hilliard, OH 43026-0594	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Glen <hr/> Contributor address; City; State; Zip Code Hilliard, OH 43026-0594	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Glen <hr/> Contributor address; City; State; Zip Code Hilliard, OH 43026-0594	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Glen <hr/> Contributor address; City; State; Zip Code Hilliard, OH 43026-0594	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Harriet <hr/> Contributor address; City; State; Zip Code Alton, IL 62002-6165	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: 1008/1229 Rpt: 1011/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Harriet <hr/> 6 Contributor address; City; State; Zip Code Alton, IL 62002-6165	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Harriet <hr/> Contributor address; City; State; Zip Code Alton, IL 62002-6165	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Harriet <hr/> Contributor address; City; State; Zip Code Alton, IL 62002-6165	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Harriet <hr/> Contributor address; City; State; Zip Code Alton, IL 62002-6165	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Harriet <hr/> Contributor address; City; State; Zip Code Alton, IL 62002-6165	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: 1009/1229 Rpt: 1012/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jeffrey <hr/> 6 Contributor address; City; State; Zip Code Santa Monica, CA 90402-2216	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Paul <hr/> Contributor address; City; State; Zip Code Oakton, VA 22124-1314	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Steven <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516-4673	Amount of Contribution (\$) \$400.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Steven <hr/> Contributor address; City; State; Zip Code Fair Lawn, NJ 07410-2781	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Defined Health
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Wendy <hr/> Contributor address; City; State; Zip Code Highland Park, IL 60035-5326	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: 1010/1229 Rpt: 1013/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Wendy <hr/> 6 Contributor address; City; State; Zip Code Highland Park, IL 60035-5326	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Wendy <hr/> Contributor address; City; State; Zip Code Highland Park, IL 60035-5326	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Wendy <hr/> Contributor address; City; State; Zip Code Highland Park, IL 60035-5326	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Wendy <hr/> Contributor address; City; State; Zip Code Highland Park, IL 60035-5326	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Wendy <hr/> Contributor address; City; State; Zip Code Highland Park, IL 60035-5326	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: 1011/1229 Rpt: 1014/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smoluchowski, Peter <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10010-4944	7 Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Parsobs
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smoluchowski, Peter <hr/> Contributor address; City; State; Zip Code New York, NY 10010-4944	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Parsobs
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smoluchowski, Peter <hr/> Contributor address; City; State; Zip Code New York, NY 10010-4944	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Parsobs
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smoluchowski, Peter <hr/> Contributor address; City; State; Zip Code New York, NY 10010-4944	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Parsobs
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smoluchowski, Peter <hr/> Contributor address; City; State; Zip Code New York, NY 10010-4944	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Parsobs

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1012/1229 Rpt: 1015/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smoluchowski, Peter <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10010-4944	7 Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Parsobs
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smoluchowski, Peter <hr/> Contributor address; City; State; Zip Code New York, NY 10010-4944	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Parsobs
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smoluchowski, Peter <hr/> Contributor address; City; State; Zip Code New York, NY 10010-4944	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Parsobs
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smoluchowski, Peter <hr/> Contributor address; City; State; Zip Code New York, NY 10010-4944	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Parsobs
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smoluchowski, Peter <hr/> Contributor address; City; State; Zip Code New York, NY 10010-4944	Amount of Contribution (\$) <div style="text-align: right;">\$10.00</div>
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Parsobs

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1013/1229 Rpt: 1016/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smoluchowski, Peter <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10010-4944	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Parsobs
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smoluchowski, Peter <hr/> Contributor address; City; State; Zip Code New York, NY 10010-4944	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Parsobs
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soenneker, Richard <hr/> Contributor address; City; State; Zip Code Beaverton, OR 97007-3617	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Analog Devices
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soenneker, Richard <hr/> Contributor address; City; State; Zip Code Beaverton, OR 97007-3617	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Analog Devices
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soenneker, Richard <hr/> Contributor address; City; State; Zip Code Beaverton, OR 97007-3617	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Analog Devices

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1014/1229 Rpt: 1017/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soenneker, Richard <hr/> 6 Contributor address; City; State; Zip Code Beaverton, OR 97007-3617	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Analog Devices
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soenneker, Richard <hr/> Contributor address; City; State; Zip Code Beaverton, OR 97007-3617	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Analog Devices
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soenneker, Richard <hr/> Contributor address; City; State; Zip Code Beaverton, OR 97007-3617	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Analog Devices
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Somsen, Pennell <hr/> Contributor address; City; State; Zip Code New York, NY 10031-5336	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Literary Translator		Employer (See Instructions) Self Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Somsen, Pennell <hr/> Contributor address; City; State; Zip Code New York, NY 10031-5336	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Literary Translator		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: 1015/1229 Rpt: 1018/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Somsen, Pennell <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10031-5336	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Literary Translator		9 Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Somsen, Pennell <hr/> Contributor address; City; State; Zip Code New York, NY 10031-5336	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Literary Translator		Employer (See Instructions) Self Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Somsen, Pennell <hr/> Contributor address; City; State; Zip Code New York, NY 10031-5336	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Literary Translator		Employer (See Instructions) Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Somsen, Pennell <hr/> Contributor address; City; State; Zip Code New York, NY 10031-5336	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Literary Translator		Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorensen, Paul <hr/> Contributor address; City; State; Zip Code Dekalb, IL 60115-4021	Amount of Contribution (\$) \$20.00
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: 1016/1229 Rpt: 1019/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorensen, Paul <hr/> 6 Contributor address; City; State; Zip Code Dekalb, IL 60115-4021	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorensen, Paul <hr/> Contributor address; City; State; Zip Code Dekalb, IL 60115-4021	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorensen, Paul <hr/> Contributor address; City; State; Zip Code Dekalb, IL 60115-4021	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorensen, Paul <hr/> Contributor address; City; State; Zip Code Dekalb, IL 60115-4021	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sorensen, Paul <hr/> Contributor address; City; State; Zip Code Dekalb, IL 60115-4021	Amount of Contribution (\$) \$20.00
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: 1017/1229 Rpt: 1020/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southern, Jason	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Falls Church, VA 22043-3516		
8 Principal occupation / Job title (See Instructions) Chief Technology Officer		9 Employer (See Instructions) National Geographic Society
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southern, Jason	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Falls Church, VA 22043-3516		
Principal occupation / Job title (See Instructions) Chief Technology Officer		Employer (See Instructions) National Geographic Society
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southern, Jason	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Falls Church, VA 22043-3516		
Principal occupation / Job title (See Instructions) Chief Technology Officer		Employer (See Instructions) National Geographic Society
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southern, Jason	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Falls Church, VA 22043-3516		
Principal occupation / Job title (See Instructions) Chief Technology Officer		Employer (See Instructions) National Geographic Society
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southern, Jason	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Falls Church, VA 22043-3516		
Principal occupation / Job title (See Instructions) Chief Technology Officer		Employer (See Instructions) National Geographic Society

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1018/1229 Rpt: 1021/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southern, Jason <hr/> 6 Contributor address; City; State; Zip Code Falls Church, VA 22043-3516	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Chief Technology Officer		9 Employer (See Instructions) National Geographic Society
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sowerwine, Margaret <hr/> Contributor address; City; State; Zip Code Rocky Mount, NC 27801-9137	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sowerwine, Margaret <hr/> Contributor address; City; State; Zip Code Rocky Mount, NC 27801-9137	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sowerwine, Margaret <hr/> Contributor address; City; State; Zip Code Rocky Mount, NC 27801-9137	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sowerwine, Margaret <hr/> Contributor address; City; State; Zip Code Rocky Mount, NC 27801-9137	Amount of Contribution (\$) \$20.00
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: 1019/1229 Rpt: 1022/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sowerwine, Margaret <hr/> 6 Contributor address; City; State; Zip Code Rocky Mount, NC 27801-9137	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sowerwine, Margaret <hr/> Contributor address; City; State; Zip Code Rocky Mount, NC 27801-9137	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spanier, David <hr/> Contributor address; City; State; Zip Code New York, NY 10022-4147	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Dextra Baldwin McGonagle Foundation
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spanier, David <hr/> Contributor address; City; State; Zip Code New York, NY 10022-4147	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Dextra Baldwin McGonagle Foundation
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spanier, David <hr/> Contributor address; City; State; Zip Code New York, NY 10022-4147	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Dextra Baldwin McGonagle Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1020/1229 Rpt: 1023/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spanier, David <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10022-4147	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Dextra Baldwin McGonagle Foundation
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spanier, David <hr/> Contributor address; City; State; Zip Code New York, NY 10022-4147	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Dextra Baldwin McGonagle Foundation
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spanier, David <hr/> Contributor address; City; State; Zip Code New York, NY 10022-4147	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Dextra Baldwin McGonagle Foundation
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparer, Allen <hr/> Contributor address; City; State; Zip Code Hamden, CT 06517-2727	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparks, Valerie <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85020-1008	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		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: 1021/1229 Rpt: 1024/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparks, Valerie <hr/> 6 Contributor address; City; State; Zip Code Phoenix, AZ 85020-1008	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparks, Valerie <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85020-1008	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparks, Valerie <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85020-1008	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sparks, Valerie <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85020-1008	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Speers, John <hr/> Contributor address; City; State; Zip Code Saugerties, NY 12477-2204	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Programmer		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: 1022/1229 Rpt: 1025/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sperber, Jessica	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code San Diego, CA 92122-5632		
8 Principal occupation / Job title (See Instructions) Psychiatrist		9 Employer (See Instructions) Self Employed
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sperber, Jessica	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Diego, CA 92122-5632		
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions) Self Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sperber, Jessica	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Diego, CA 92122-5632		
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions) Self Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sperber, Jessica	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Diego, CA 92122-5632		
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions) Self Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sperber, Jessica	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Diego, CA 92122-5632		
Principal occupation / Job title (See Instructions) Psychiatrist		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: 1023/1229 Rpt: 1026/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sperber, Jessica <hr/> 6 Contributor address; City; State; Zip Code San Diego, CA 92122-5632	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Psychiatrist		9 Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sperr, Alma <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85716-0800	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spinks, Francis F. <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02139-2301	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Landscape Architect		Employer (See Instructions) Self Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spinks, Francis F. <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02139-2301	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Landscape Architect		Employer (See Instructions) Self Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spinks, Francis F. <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02139-2301	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Landscape Architect		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: 1024/1229 Rpt: 1027/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spinks, Francis F.	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Cambridge, MA 02139-2301	
8 Principal occupation / Job title (See Instructions) Landscape Architect		9 Employer (See Instructions) Self Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spinks, Francis F.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cambridge, MA 02139-2301	
Principal occupation / Job title (See Instructions) Landscape Architect		Employer (See Instructions) Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spinks, Francis F.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Cambridge, MA 02139-2301	
Principal occupation / Job title (See Instructions) Landscape Architect		Employer (See Instructions) Self Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spivey, Jane	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Fairfield, CT 06824-6329	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spivey, Jane	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Fairfield, CT 06824-6329	
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: 1025/1229 Rpt: 1028/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spivey, Jane <hr/> 6 Contributor address; City; State; Zip Code Fairfield, CT 06824-6329	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spivey, Jane <hr/> Contributor address; City; State; Zip Code Fairfield, CT 06824-6329	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spivey, Jane <hr/> Contributor address; City; State; Zip Code Fairfield, CT 06824-6329	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spivey, Jane <hr/> Contributor address; City; State; Zip Code Fairfield, CT 06824-6329	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spooner, Stanley <hr/> Contributor address; City; State; Zip Code Alexandria, VA 22315-3903	Amount of Contribution (\$) \$100.00
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: 1026/1229 Rpt: 1029/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprague, David <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45231-5012	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprong, C.J. <hr/> Contributor address; City; State; Zip Code Williamsburg, MA 01096-9745	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprong, C.J. <hr/> Contributor address; City; State; Zip Code Williamsburg, MA 01096-9745	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprong, C.J. <hr/> Contributor address; City; State; Zip Code Williamsburg, MA 01096-9745	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprong, C.J. <hr/> Contributor address; City; State; Zip Code Williamsburg, MA 01096-9745	Amount of Contribution (\$) \$10.00
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: 1027/1229 Rpt: 1030/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprong, C.J.	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Williamsburg, MA 01096-9745	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprong, C.J.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Williamsburg, MA 01096-9745	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprong, C.J.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Williamsburg, MA 01096-9745	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprong, C.J.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Williamsburg, MA 01096-9745	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprong, C.J.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Williamsburg, MA 01096-9745	
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: 1028/1229 Rpt: 1031/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprong, C.J.	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Williamsburg, MA 01096-9745		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprong, C.J.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Williamsburg, MA 01096-9745		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprong, C.J.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Williamsburg, MA 01096-9745		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stange, John	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Arlington, VA 22204-9716		
Principal occupation / Job title (See Instructions) Cloud Architect		Employer (See Instructions) eGlobalTech
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stange, John	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Arlington, VA 22204-9716		
Principal occupation / Job title (See Instructions) Cloud Architect		Employer (See Instructions) eGlobalTech

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1029/1229 Rpt: 1032/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stange, John <hr/> 6 Contributor address; City; State; Zip Code Arlington, VA 22204-9716	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Cloud Architect		9 Employer (See Instructions) eGlobalTech
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stange, John <hr/> Contributor address; City; State; Zip Code Arlington, VA 22204-9716	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Cloud Architect		Employer (See Instructions) eGlobalTech
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stange, John <hr/> Contributor address; City; State; Zip Code Arlington, VA 22204-9716	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Cloud Architect		Employer (See Instructions) eGlobalTech
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stange, John <hr/> Contributor address; City; State; Zip Code Arlington, VA 22204-9716	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Cloud Architect		Employer (See Instructions) eGlobalTech
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanhope, Shirley <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85257-4711	Amount of Contribution (\$) \$50.00
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: 1030/1229 Rpt: 1033/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanhope, Shirley <hr/> 6 Contributor address; City; State; Zip Code Scottsdale, AZ 85257-4711	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanhope, Shirley <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85257-4711	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanhope, Shirley <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85257-4711	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanhope, Shirley <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85257-4711	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanhope, Shirley <hr/> Contributor address; City; State; Zip Code Scottsdale, AZ 85257-4711	Amount of Contribution (\$) \$50.00
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: 1031/1229 Rpt: 1034/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanko, Rosemary <hr/> 6 Contributor address; City; State; Zip Code Brick, NJ 08723-5780	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanko, Rosemary <hr/> Contributor address; City; State; Zip Code Brick, NJ 08723-5780	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stark, William <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93109-2120	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stark, William <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93109-2120	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stark, William <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93109-2120	Amount of Contribution (\$) \$30.00
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: 1032/1229 Rpt: 1035/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stark, William <hr/> 6 Contributor address; City; State; Zip Code Santa Barbara, CA 93109-2120	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stark, William <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93109-2120	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stark, William <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93109-2120	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Statler, Stephen W <hr/> Contributor address; City; State; Zip Code Cleveland, OH 44118-0555	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Statler, Stephen W <hr/> Contributor address; City; State; Zip Code Cleveland, OH 44118-0555	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: 1033/1229 Rpt: 1036/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Statler, Stephen W <hr/> 6 Contributor address; City; State; Zip Code Cleveland, OH 44118-0555	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Statler, Stephen W <hr/> Contributor address; City; State; Zip Code Cleveland, OH 44118-0555	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Statler, Stephen W <hr/> Contributor address; City; State; Zip Code Cleveland, OH 44118-0555	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Statler, Stephen W <hr/> Contributor address; City; State; Zip Code Cleveland, OH 44118-0555	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staub, Sam <hr/> Contributor address; City; State; Zip Code New Orleans, LA 70115-1042	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Architectural Restoration		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: 1034/1229 Rpt: 1037/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staub, Sam	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code New Orleans, LA 70115-1042		
8 Principal occupation / Job title (See Instructions) Architectural Restoration		9 Employer (See Instructions) Self Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staub, Sam	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New Orleans, LA 70115-1042		
Principal occupation / Job title (See Instructions) Architectural Restoration		Employer (See Instructions) Self Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staub, Sam	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New Orleans, LA 70115-1042		
Principal occupation / Job title (See Instructions) Architectural Restoration		Employer (See Instructions) Self Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staub, Sam	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New Orleans, LA 70115-1042		
Principal occupation / Job title (See Instructions) Architectural Restoration		Employer (See Instructions) Self Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Staub, Sam	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New Orleans, LA 70115-1042		
Principal occupation / Job title (See Instructions) Architectural Restoration		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: 1035/1229 Rpt: 1038/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steen, Wanda <hr/> 6 Contributor address; City; State; Zip Code Bismarck, ND 58503-1724	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steen, Wanda <hr/> Contributor address; City; State; Zip Code Bismarck, ND 58503-1724	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steiner, Louise <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45220-1419	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steiner, Louise <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45220-1419	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steiner, Louise <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45220-1419	Amount of Contribution (\$) \$50.00
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: 1036/1229 Rpt: 1039/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steiner, Louise <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45220-1419	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stensjo, Edward <hr/> Contributor address; City; State; Zip Code Harrisburg, PA 17111-7013	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stensjo, Edward <hr/> Contributor address; City; State; Zip Code Harrisburg, PA 17111-7013	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stensjo, Edward <hr/> Contributor address; City; State; Zip Code Harrisburg, PA 17111-7013	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen, David <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-2615	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) College Administrator		Employer (See Instructions) Seattle University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1037/1229 Rpt: 1040/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen, David <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98116-2615	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) College Administrator		9 Employer (See Instructions) Seattle University
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen, David <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-2615	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) College Administrator		Employer (See Instructions) Seattle University
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen, David <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-2615	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) College Administrator		Employer (See Instructions) Seattle University
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen, David <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-2615	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) College Administrator		Employer (See Instructions) Seattle University
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen, David <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-2615	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) College Administrator		Employer (See Instructions) Seattle University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1038/1229 Rpt: 1041/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen, David	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Seattle, WA 98116-2615		
8 Principal occupation / Job title (See Instructions) College Administrator		9 Employer (See Instructions) Seattle University
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen, David	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Seattle, WA 98116-2615		
Principal occupation / Job title (See Instructions) College Administrator		Employer (See Instructions) Seattle University
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephen, David	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Seattle, WA 98116-2615		
Principal occupation / Job title (See Instructions) College Administrator		Employer (See Instructions) Seattle University
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Lora	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Evansville, IN 47714-2030		
Principal occupation / Job title (See Instructions) Project Consultant		Employer (See Instructions) Transform Consulting Group
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven, Victoria	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Cambridge, MA 02138-1363		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Sasaki Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1039/1229 Rpt: 1042/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven, Victoria	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Cambridge, MA 02138-1363		
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Sasaki Associates
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven, Victoria	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Cambridge, MA 02138-1363		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Sasaki Associates
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven, Victoria	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Cambridge, MA 02138-1363		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Sasaki Associates
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven, Victoria	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Cambridge, MA 02138-1363		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Sasaki Associates
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven, Victoria	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Cambridge, MA 02138-1363		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Sasaki Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1040/1229 Rpt: 1043/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mark <hr/> 6 Contributor address; City; State; Zip Code Waldorf, MD 20603-7202	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mark <hr/> Contributor address; City; State; Zip Code Waldorf, MD 20603-7202	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mark <hr/> Contributor address; City; State; Zip Code Waldorf, MD 20603-7202	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mark <hr/> Contributor address; City; State; Zip Code Waldorf, MD 20603-7202	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mark <hr/> Contributor address; City; State; Zip Code Waldorf, MD 20603-7202	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: 1041/1229 Rpt: 1044/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Mark <hr/> 6 Contributor address; City; State; Zip Code Waldorf, MD 20603-7202	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Martha <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90402-1837	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevenson, Woodie <hr/> Contributor address; City; State; Zip Code Greenwich, CT 06830-5806	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Music Licensing		Employer (See Instructions) Self Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevenson, Woodie <hr/> Contributor address; City; State; Zip Code Greenwich, CT 06830-5806	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Music Licensing		Employer (See Instructions) Self Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevenson, Woodie <hr/> Contributor address; City; State; Zip Code Greenwich, CT 06830-5806	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Music Licensing		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: 1042/1229 Rpt: 1045/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevenson, Woodie <hr/> 6 Contributor address; City; State; Zip Code Greenwich, CT 06830-5806	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Music Licensing		9 Employer (See Instructions) Self Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevenson, Woodie <hr/> Contributor address; City; State; Zip Code Greenwich, CT 06830-5806	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Music Licensing		Employer (See Instructions) Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevenson, Woodie <hr/> Contributor address; City; State; Zip Code Greenwich, CT 06830-5806	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Music Licensing		Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Cora <hr/> Contributor address; City; State; Zip Code Sebastopol, CA 95472-5328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Cora <hr/> Contributor address; City; State; Zip Code Sebastopol, CA 95472-5328	Amount of Contribution (\$) \$50.00
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: 1043/1229 Rpt: 1046/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Cora <hr/> 6 Contributor address; City; State; Zip Code Sebastopol, CA 95472-5328	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Cora <hr/> Contributor address; City; State; Zip Code Sebastopol, CA 95472-5328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Cora <hr/> Contributor address; City; State; Zip Code Sebastopol, CA 95472-5328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Cora <hr/> Contributor address; City; State; Zip Code Sebastopol, CA 95472-5328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20814-4732	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Department of Defense

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1044/1229 Rpt: 1047/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances <hr/> 6 Contributor address; City; State; Zip Code Bethesda, MD 20814-4732	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) U.S. Department of Defense
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20814-4732	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Department of Defense
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20814-4732	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Department of Defense
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20814-4732	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Department of Defense
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20814-4732	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Department of Defense

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1045/1229 Rpt: 1048/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Bethesda, MD 20814-4732		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) U.S. Department of Defense
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Bethesda, MD 20814-4732		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Department of Defense
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bethesda, MD 20814-4732		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Department of Defense
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Bethesda, MD 20814-4732		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Department of Defense
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bethesda, MD 20814-4732		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Department of Defense

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1046/1229 Rpt: 1049/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances <hr/> 6 Contributor address; City; State; Zip Code Bethesda, MD 20814-4732	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) U.S. Department of Defense
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Jane <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106-2817	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Jane <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106-2817	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Jane <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106-2817	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Jane <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106-2817	Amount of Contribution (\$) \$75.00
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: 1047/1229 Rpt: 1050/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Jane <hr/> 6 Contributor address; City; State; Zip Code Amarillo, TX 79106-2817	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Jane <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106-2817	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stine, Christopher <hr/> Contributor address; City; State; Zip Code Maple Valley, WA 98038-5271	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) eLogic
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stine, Christopher <hr/> Contributor address; City; State; Zip Code Maple Valley, WA 98038-5271	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) eLogic
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stine, Christopher <hr/> Contributor address; City; State; Zip Code Maple Valley, WA 98038-5271	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) eLogic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1048/1229 Rpt: 1051/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stine, Christopher <hr/> 6 Contributor address; City; State; Zip Code Maple Valley, WA 98038-5271	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Project Manager		9 Employer (See Instructions) eLogic
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stine, Christopher <hr/> Contributor address; City; State; Zip Code Maple Valley, WA 98038-5271	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) eLogic
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stine, Christopher <hr/> Contributor address; City; State; Zip Code Maple Valley, WA 98038-5271	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) eLogic
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stivers, Tim <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90036-4957	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) HVAC Contractor		Employer (See Instructions) Tim Stivers Inc.
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stivers, Tim <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90036-4957	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) HVAC Contractor		Employer (See Instructions) Tim Stivers Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1049/1229 Rpt: 1052/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stivers, Tim <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90036-4957	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) HVAC Contractor		9 Employer (See Instructions) Tim Stivers Inc.
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stivers, Tim <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90036-4957	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) HVAC Contractor		Employer (See Instructions) Tim Stivers Inc.
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stivers, Tim <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90036-4957	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) HVAC Contractor		Employer (See Instructions) Tim Stivers Inc.
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stivers, Tim <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90036-4957	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) HVAC Contractor		Employer (See Instructions) Tim Stivers Inc.
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stivers, Tim <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90036-4957	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) HVAC Contractor		Employer (See Instructions) Tim Stivers Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1050/1229 Rpt: 1053/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stivers, Tim	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Los Angeles, CA 90036-4957		
8 Principal occupation / Job title (See Instructions) HVAC Contractor		9 Employer (See Instructions) Tim Stivers Inc.
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stivers, Tim	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Los Angeles, CA 90036-4957		
Principal occupation / Job title (See Instructions) HVAC Contractor		Employer (See Instructions) Tim Stivers Inc.
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stivers, Tim	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Los Angeles, CA 90036-4957		
Principal occupation / Job title (See Instructions) HVAC Contractor		Employer (See Instructions) Tim Stivers Inc.
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stivers, Tim	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Los Angeles, CA 90036-4957		
Principal occupation / Job title (See Instructions) HVAC Contractor		Employer (See Instructions) Tim Stivers Inc.
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stivers, Tim	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Los Angeles, CA 90036-4957		
Principal occupation / Job title (See Instructions) HVAC Contractor		Employer (See Instructions) Tim Stivers Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1051/1229 Rpt: 1054/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stivers, Tim <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90036-4957	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) HVAC Contractor		9 Employer (See Instructions) Tim Stivers Inc.
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stivers, Tim <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90036-4957	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) HVAC Contractor		Employer (See Instructions) Tim Stivers Inc.
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stivers, Tim <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90036-4957	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) HVAC Contractor		Employer (See Instructions) Tim Stivers Inc.
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stivers, Tim <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90036-4957	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) HVAC Contractor		Employer (See Instructions) Tim Stivers Inc.
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stivers, Tim <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90036-4957	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) HVAC Contractor		Employer (See Instructions) Tim Stivers Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1052/1229 Rpt: 1055/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stivers, Tim	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Los Angeles, CA 90036-4957		
8 Principal occupation / Job title (See Instructions) HVAC Contractor		9 Employer (See Instructions) Tim Stivers Inc.
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stocker, Michael	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Albia, IA 52531-8564		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoddard, Lander	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Brookhaven, GA 30319-1635		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stormsgaard, Richard	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Nevada City, CA 95959-9514		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stormsgaard, Richard	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Nevada City, CA 95959-9514		
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: 1053/1229 Rpt: 1056/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stormsgaard, Richard <hr/> 6 Contributor address; City; State; Zip Code Nevada City, CA 95959-9514	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stormsgaard, Richard <hr/> Contributor address; City; State; Zip Code Nevada City, CA 95959-9514	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stormsgaard, Richard <hr/> Contributor address; City; State; Zip Code Nevada City, CA 95959-9514	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stormsgaard, Richard <hr/> Contributor address; City; State; Zip Code Nevada City, CA 95959-9514	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Shelli <hr/> Contributor address; City; State; Zip Code Oakland, CA 94609-1305	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) ProtectWise

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1054/1229 Rpt: 1057/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Shelli <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94609-1305	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Executive		9 Employer (See Instructions) ProtectWise
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Shelli <hr/> Contributor address; City; State; Zip Code Oakland, CA 94609-1305	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) ProtectWise
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Shelli <hr/> Contributor address; City; State; Zip Code Oakland, CA 94609-1305	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) ProtectWise
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Shelli <hr/> Contributor address; City; State; Zip Code Oakland, CA 94609-1305	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) ProtectWise
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strand, Shelli <hr/> Contributor address; City; State; Zip Code Oakland, CA 94609-1305	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) ProtectWise

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1055/1229 Rpt: 1058/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strayer, John <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20009-2137	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Property Manager		9 Employer (See Instructions) James Place Condo Association
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stumpf, Paul <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21212-2713	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stumpf, Paul <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21212-2713	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stumpf, Paul <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21212-2713	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stumpf, Paul <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21212-2713	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: 1056/1229 Rpt: 1059/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stumpf, Paul <hr/> 6 Contributor address; City; State; Zip Code Baltimore, MD 21212-2713	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stumpf, Paul <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21212-2713	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suhadolnik, Mary <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-3506	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Remitly
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suhadolnik, Mary <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-3506	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Remitly
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suhadolnik, Mary <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-3506	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Remitly

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1057/1229 Rpt: 1060/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suhadolnik, Mary <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98116-3506	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Remitly
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suhadolnik, Mary <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-3506	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Remitly
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suhadolnik, Mary <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116-3506	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Remitly
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sulerud, Grace <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55404-1759	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Garrett <hr/> Contributor address; City; State; Zip Code State College, PA 16803-3434	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Pennsylvania State University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1058/1229 Rpt: 1061/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Garrett <hr/> 6 Contributor address; City; State; Zip Code State College, PA 16803-3434	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Pennsylvania State University
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Garrett <hr/> Contributor address; City; State; Zip Code State College, PA 16803-3434	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Pennsylvania State University
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Garrett <hr/> Contributor address; City; State; Zip Code State College, PA 16803-3434	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Pennsylvania State University
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Garrett <hr/> Contributor address; City; State; Zip Code State College, PA 16803-3434	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Pennsylvania State University
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Garrett <hr/> Contributor address; City; State; Zip Code State College, PA 16803-3434	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Pennsylvania State University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1059/1229 Rpt: 1062/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Jacqueline <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98109-4953	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Senior Program Manager		9 Employer (See Instructions) Launch Consulting
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Jacqueline <hr/> Contributor address; City; State; Zip Code Seattle, WA 98109-4953	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Senior Program Manager		Employer (See Instructions) Launch Consulting
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Jacqueline <hr/> Contributor address; City; State; Zip Code Seattle, WA 98109-4953	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Senior Program Manager		Employer (See Instructions) Launch Consulting
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Jacqueline <hr/> Contributor address; City; State; Zip Code Seattle, WA 98109-4953	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Senior Program Manager		Employer (See Instructions) Launch Consulting
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Jacqueline <hr/> Contributor address; City; State; Zip Code Seattle, WA 98109-4953	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Senior Program Manager		Employer (See Instructions) Launch Consulting

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1060/1229 Rpt: 1063/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Jacqueline <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98109-4953	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Senior Program Manager		9 Employer (See Instructions) Launch Consulting
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Kevin <hr/> Contributor address; City; State; Zip Code Lacey, WA 98513-1708	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Kevin <hr/> Contributor address; City; State; Zip Code Lacey, WA 98513-1708	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Kevin <hr/> Contributor address; City; State; Zip Code Lacey, WA 98513-1708	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Kevin <hr/> Contributor address; City; State; Zip Code Lacey, WA 98513-1708	Amount of Contribution (\$) \$10.00
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: 1061/1229 Rpt: 1064/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Kevin <hr/> 6 Contributor address; City; State; Zip Code Lacey, WA 98513-1708	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Kevin <hr/> Contributor address; City; State; Zip Code Lacey, WA 98513-1708	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Kevin <hr/> Contributor address; City; State; Zip Code Lacey, WA 98513-1708	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Kevin <hr/> Contributor address; City; State; Zip Code Lacey, WA 98513-1708	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Kevin <hr/> Contributor address; City; State; Zip Code Lacey, WA 98513-1708	Amount of Contribution (\$) \$15.00
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: 1062/1229 Rpt: 1065/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Kevin <hr/> 6 Contributor address; City; State; Zip Code Lacey, WA 98513-1708	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Kevin <hr/> Contributor address; City; State; Zip Code Lacey, WA 98513-1708	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Kevin <hr/> Contributor address; City; State; Zip Code Lacey, WA 98513-1708	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summers, Sandra <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21212-2937	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Maxim Healthcare Services
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summers, Sandra <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21212-2937	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Maxim Healthcare Services

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1063/1229 Rpt: 1066/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summers, Sandra <hr/> 6 Contributor address; City; State; Zip Code Baltimore, MD 21212-2937	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) Maxim Healthcare Services
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summers, Sandra <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21212-2937	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Maxim Healthcare Services
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summers, Sandra <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21212-2937	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Maxim Healthcare Services
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Summers, Sandra <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21212-2937	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Maxim Healthcare Services
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Surkin, Daniel <hr/> Contributor address; City; State; Zip Code Langhorne, PA 19047-8030	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Comforcare Home Care

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1064/1229 Rpt: 1067/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Surkin, Daniel 6 Contributor address; City; State; Zip Code Langhorne, PA 19047-8030	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) Comforcare Home Care
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Surkin, Daniel Contributor address; City; State; Zip Code Langhorne, PA 19047-8030	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Comforcare Home Care
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Surkin, Daniel Contributor address; City; State; Zip Code Langhorne, PA 19047-8030	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Comforcare Home Care
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Surkin, Daniel Contributor address; City; State; Zip Code Langhorne, PA 19047-8030	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Comforcare Home Care
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Surkin, Daniel Contributor address; City; State; Zip Code Langhorne, PA 19047-8030	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Comforcare Home Care

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1065/1229 Rpt: 1068/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutherland, Michael <hr/> 6 Contributor address; City; State; Zip Code Chicopee, MA 01020-4477	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutherland, Michael <hr/> Contributor address; City; State; Zip Code Chicopee, MA 01020-4477	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutherland, Michael <hr/> Contributor address; City; State; Zip Code Chicopee, MA 01020-4477	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutherland, Michael <hr/> Contributor address; City; State; Zip Code Chicopee, MA 01020-4477	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutherland, Michael <hr/> Contributor address; City; State; Zip Code Chicopee, MA 01020-4477	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: 1066/1229 Rpt: 1069/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutherland, Michael <hr/> 6 Contributor address; City; State; Zip Code Chicopee, MA 01020-4477	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutton, Rick <hr/> Contributor address; City; State; Zip Code Dorsey, IL 62021-1733	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutton, Rick <hr/> Contributor address; City; State; Zip Code Dorsey, IL 62021-1733	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutton, Rick <hr/> Contributor address; City; State; Zip Code Dorsey, IL 62021-1733	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutton, Rick <hr/> Contributor address; City; State; Zip Code Dorsey, IL 62021-1733	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: 1067/1229 Rpt: 1070/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutton, Rick <hr/> 6 Contributor address; City; State; Zip Code Dorsey, IL 62021-1733	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutton, Rick <hr/> Contributor address; City; State; Zip Code Dorsey, IL 62021-1733	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swart, Becky <hr/> Contributor address; City; State; Zip Code Wichita, KS 67208-4144	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Systems Analyst		Employer (See Instructions) Flint Hills Resources LC
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swart, Becky <hr/> Contributor address; City; State; Zip Code Wichita, KS 67208-4144	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Systems Analyst		Employer (See Instructions) Flint Hills Resources LC
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swart, Becky <hr/> Contributor address; City; State; Zip Code Wichita, KS 67208-4144	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Systems Analyst		Employer (See Instructions) Flint Hills Resources LC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1068/1229 Rpt: 1071/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swart, Becky <hr/> 6 Contributor address; City; State; Zip Code Wichita, KS 67208-4144	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Business Systems Analyst		9 Employer (See Instructions) Flint Hills Resources LC
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swart, Becky <hr/> Contributor address; City; State; Zip Code Wichita, KS 67208-4144	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Systems Analyst		Employer (See Instructions) Flint Hills Resources LC
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swart, Becky <hr/> Contributor address; City; State; Zip Code Wichita, KS 67208-4144	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Systems Analyst		Employer (See Instructions) Flint Hills Resources LC
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swartz, Cynthia <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11231-3009	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Publicist		Employer (See Instructions) Strategy PR
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swartz, Cynthia <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11231-3009	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Publicist		Employer (See Instructions) Strategy PR

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1069/1229 Rpt: 1072/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swartz, Cynthia	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Brooklyn, NY 11231-3009		
8 Principal occupation / Job title (See Instructions) Publicist		9 Employer (See Instructions) Strategy PR
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swartz, Cynthia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brooklyn, NY 11231-3009		
Principal occupation / Job title (See Instructions) Publicist		Employer (See Instructions) Strategy PR
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swartz, Cynthia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brooklyn, NY 11231-3009		
Principal occupation / Job title (See Instructions) Publicist		Employer (See Instructions) Strategy PR
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swartz, Cynthia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brooklyn, NY 11231-3009		
Principal occupation / Job title (See Instructions) Publicist		Employer (See Instructions) Strategy PR
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sweetman, Kathleen	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Maple Plain, MN 55359-9685		
Principal occupation / Job title (See Instructions) Md		Employer (See Instructions) Lakeviewclinic clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1070/1229 Rpt: 1073/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swencionis, Charles	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code New York, NY 10023-4460		
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Yeshiva University
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swencionis, Charles	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New York, NY 10023-4460		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Yeshiva University
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swencionis, Charles	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New York, NY 10023-4460		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Yeshiva University
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swencionis, Charles	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New York, NY 10023-4460		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Yeshiva University
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swencionis, Charles	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New York, NY 10023-4460		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Yeshiva University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1071/1229 Rpt: 1074/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swencionis, Charles <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10023-4460	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Yeshiva University
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swinburn, Carol <hr/> Contributor address; City; State; Zip Code Palm Coast, FL 32137-2294	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swinburn, Carol <hr/> Contributor address; City; State; Zip Code Palm Coast, FL 32137-2294	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swinburn, Carol <hr/> Contributor address; City; State; Zip Code Palm Coast, FL 32137-2294	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swinburn, Carol <hr/> Contributor address; City; State; Zip Code Palm Coast, FL 32137-2294	Amount of Contribution (\$) \$100.00
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: 1072/1229 Rpt: 1075/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swinburn, Carol <hr/> 6 Contributor address; City; State; Zip Code Palm Coast, FL 32137-2294	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swinburn, Carol <hr/> Contributor address; City; State; Zip Code Palm Coast, FL 32137-2294	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swinehart, Ronald <hr/> Contributor address; City; State; Zip Code Bloomington, MN 55438-2603	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Information Technology		Employer (See Instructions) Rust Consulting
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tabor, Kathleen <hr/> Contributor address; City; State; Zip Code Walnut Creek, CA 94596-6213	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tabor, Kay <hr/> Contributor address; City; State; Zip Code Houston, TX 77027-4043	Amount of Contribution (\$) \$200.00
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: 1073/1229 Rpt: 1076/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tague, John <hr/> 6 Contributor address; City; State; Zip Code Pilot Point, TX 76258-7402	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Toyon Ranch LLC
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talasy, Patricia <hr/> Contributor address; City; State; Zip Code Pleasant Hill, CA 94523-2808	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talasy, Patricia <hr/> Contributor address; City; State; Zip Code Pleasant Hill, CA 94523-2808	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talasy, Patricia <hr/> Contributor address; City; State; Zip Code Pleasant Hill, CA 94523-2808	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talasy, Patricia <hr/> Contributor address; City; State; Zip Code Pleasant Hill, CA 94523-2808	Amount of Contribution (\$) \$15.00
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: 1074/1229 Rpt: 1077/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Talasy, Patricia <hr/> 6 Contributor address; City; State; Zip Code Pleasant Hill, CA 94523-2808	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanenbaum, Judith <hr/> Contributor address; City; State; Zip Code New York, NY 10028-7915	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tanenbaum, Judith <hr/> Contributor address; City; State; Zip Code New York, NY 10028-7915	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tatum, Thomas <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90024-4379	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Investments		Employer (See Instructions) Self-Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Anna M. <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94703-1612	Amount of Contribution (\$) \$15.00
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: 1075/1229 Rpt: 1078/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Anna M.	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Berkeley, CA 94703-1612	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Anna M.	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Berkeley, CA 94703-1612	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Anna M.	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Berkeley, CA 94703-1612	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Anna M.	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Berkeley, CA 94703-1612	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Anna M.	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Berkeley, CA 94703-1612	
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: 1076/1229 Rpt: 1079/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Anna M.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Berkeley, CA 94703-1612	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Anna M.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Berkeley, CA 94703-1612	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Anna M.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Berkeley, CA 94703-1612	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Anna M.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Berkeley, CA 94703-1612	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Anna M.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Berkeley, CA 94703-1612	
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: 1077/1229 Rpt: 1080/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Anna M.	7 Amount of Contribution (\$) \$15.00
	6 Contributor address; City; State; Zip Code Berkeley, CA 94703-1612	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Anna M.	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Berkeley, CA 94703-1612	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Bruce	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Greenville, SC 29617-2358	
Principal occupation / Job title (See Instructions) Rural Mail Carrier		Employer (See Instructions) US Postal Service
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Bruce	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Greenville, SC 29617-2358	
Principal occupation / Job title (See Instructions) Rural Mail Carrier		Employer (See Instructions) US Postal Service
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Bruce	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Greenville, SC 29617-2358	
Principal occupation / Job title (See Instructions) Rural Mail Carrier		Employer (See Instructions) US Postal Service

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1078/1229 Rpt: 1081/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Bruce <hr/> 6 Contributor address; City; State; Zip Code Greenville, SC 29617-2358	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Rural Mail Carrier		9 Employer (See Instructions) US Postal Service
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Bruce <hr/> Contributor address; City; State; Zip Code Greenville, SC 29617-2358	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Rural Mail Carrier		Employer (See Instructions) US Postal Service
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Bruce <hr/> Contributor address; City; State; Zip Code Greenville, SC 29617-2358	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Rural Mail Carrier		Employer (See Instructions) US Postal Service
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, James T. <hr/> Contributor address; City; State; Zip Code Seattle, WA 98109-5365	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, James T. <hr/> Contributor address; City; State; Zip Code Seattle, WA 98109-5365	Amount of Contribution (\$) \$100.00
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: 1079/1229 Rpt: 1082/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, James T.	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Seattle, WA 98109-5365		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, M. G.	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Roseville, CA 95747-8103		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Martin G.	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Roseville, CA 95747-8103		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Martin G.	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Roseville, CA 95747-8103		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Martin G.	Amount of Contribution (\$) \$300.00
Contributor address; City; State; Zip Code Roseville, CA 95747-8103		
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: 1080/1229 Rpt: 1083/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Martin G.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Roseville, CA 95747-8103	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Martin G.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Roseville, CA 95747-8103	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Mary	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nashville, TN 37218-2712	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Mary	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nashville, TN 37218-2712	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Mary	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Nashville, TN 37218-2712	
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: 1081/1229 Rpt: 1084/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Mary <hr/> 6 Contributor address; City; State; Zip Code Nashville, TN 37218-2712	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Mary <hr/> Contributor address; City; State; Zip Code Nashville, TN 37218-2712	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Mary <hr/> Contributor address; City; State; Zip Code Nashville, TN 37218-2712	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Norman <hr/> Contributor address; City; State; Zip Code Mammoth Lakes, CA 93546	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teichert, Fred <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95819-4039	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Teichert Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1082/1229 Rpt: 1085/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tempel, Joe <hr/> 6 Contributor address; City; State; Zip Code Pawleys Island, SC 29585-8137	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tenney, Matthew <hr/> Contributor address; City; State; Zip Code Stamford, CT 06902-4550	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions) The First Stamford Corporation
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tenney, Matthew <hr/> Contributor address; City; State; Zip Code Stamford, CT 06902-4550	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Real Estate Developer		Employer (See Instructions) The First Stamford Corporation
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thal, Dan <hr/> Contributor address; City; State; Zip Code Boston, MA 02116-6354	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thal, Dan <hr/> Contributor address; City; State; Zip Code Boston, MA 02116-6354	Amount of Contribution (\$) \$50.00
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: 1083/1229 Rpt: 1086/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thal, David	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Knoxville, TN 37923-1223		
8 Principal occupation / Job title (See Instructions) Chemist		9 Employer (See Instructions) Environmental Standards
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theodore, Blase	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Brooklyn, NY 11206-3320		
Principal occupation / Job title (See Instructions) Film and Television Colorist		Employer (See Instructions) Self Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theodore, Blase	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Brooklyn, NY 11206-3320		
Principal occupation / Job title (See Instructions) Film and Television Colorist		Employer (See Instructions) Self Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theodore, Blase	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Brooklyn, NY 11206-3320		
Principal occupation / Job title (See Instructions) Film and Television Colorist		Employer (See Instructions) Self Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theodore, Blase	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Brooklyn, NY 11206-3320		
Principal occupation / Job title (See Instructions) Film and Television Colorist		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: 1084/1229 Rpt: 1087/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theodore, Blase <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11206-3320	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Film and Television Colorist		9 Employer (See Instructions) Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Theodore, Blase <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11206-3320	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Film and Television Colorist		Employer (See Instructions) Self Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Carol M <hr/> Contributor address; City; State; Zip Code Storrs Mansfield, CT 06268-1150	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, David <hr/> Contributor address; City; State; Zip Code Valencia, CA 91354-2242	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, David <hr/> Contributor address; City; State; Zip Code Valencia, CA 91354-2242	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: 1085/1229 Rpt: 1088/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, David <hr/> 6 Contributor address; City; State; Zip Code Valencia, CA 91354-2242	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, David <hr/> Contributor address; City; State; Zip Code Valencia, CA 91354-2242	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, David <hr/> Contributor address; City; State; Zip Code Valencia, CA 91354-2242	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, David <hr/> Contributor address; City; State; Zip Code Valencia, CA 91354-2242	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, Patricia A. <hr/> Contributor address; City; State; Zip Code Littleton, CO 80125-8822	Amount of Contribution (\$) \$100.00
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: 1086/1229 Rpt: 1089/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, William <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11225-6021	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, William <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11225-6021	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, William <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11225-6021	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, William <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11225-6021	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, William <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11225-6021	Amount of Contribution (\$) \$10.00
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: 1087/1229 Rpt: 1090/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, William <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11225-6021	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, William <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11225-6021	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, William <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11225-6021	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, William <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11225-6021	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, William <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11225-6021	Amount of Contribution (\$) \$10.00
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: 1088/1229 Rpt: 1091/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, William <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11225-6021	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomas, William <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11225-6021	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomasino, Lewis <hr/> Contributor address; City; State; Zip Code Fairview Heights, IL 62208-1101	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Database Coordinator		Employer (See Instructions) The Boeing Company
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomasino, Lewis <hr/> Contributor address; City; State; Zip Code Fairview Heights, IL 62208-1101	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Database Coordinator		Employer (See Instructions) The Boeing Company
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomasino, Lewis <hr/> Contributor address; City; State; Zip Code Fairview Heights, IL 62208-1101	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Database Coordinator		Employer (See Instructions) The Boeing Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1089/1229 Rpt: 1092/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomasino, Lewis <hr/> 6 Contributor address; City; State; Zip Code Fairview Heights, IL 62208-1101	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Database Coordinator		9 Employer (See Instructions) The Boeing Company
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomasino, Lewis <hr/> Contributor address; City; State; Zip Code Fairview Heights, IL 62208-1101	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Database Coordinator		Employer (See Instructions) The Boeing Company
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thomasino, Lewis <hr/> Contributor address; City; State; Zip Code Fairview Heights, IL 62208-1101	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Database Coordinator		Employer (See Instructions) The Boeing Company
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, James <hr/> Contributor address; City; State; Zip Code Boynton Beach, FL 33437-1669	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Jewish Family Service
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Linda <hr/> Contributor address; City; State; Zip Code Tsaille, AZ 86556-5023	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: 1090/1229 Rpt: 1093/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Linda <hr/> 6 Contributor address; City; State; Zip Code Tsaile, AZ 86556-5023	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Linda <hr/> Contributor address; City; State; Zip Code Tsaile, AZ 86556-5023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Linda <hr/> Contributor address; City; State; Zip Code Tsaile, AZ 86556-5023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Linda <hr/> Contributor address; City; State; Zip Code Tsaile, AZ 86556-5023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Linda <hr/> Contributor address; City; State; Zip Code Tsaile, AZ 86556-5023	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: 1091/1229 Rpt: 1094/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Richard	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Brooklyn, NY 11238-2742		
8 Principal occupation / Job title (See Instructions) Software Developer		9 Employer (See Instructions) Digital Pulp
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Richard	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brooklyn, NY 11238-2742		
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Digital Pulp
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Richard	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brooklyn, NY 11238-2742		
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Digital Pulp
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Richard	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brooklyn, NY 11238-2742		
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Digital Pulp
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Richard	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brooklyn, NY 11238-2742		
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Digital Pulp

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1092/1229 Rpt: 1095/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Richard <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11238-2742	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Software Developer		9 Employer (See Instructions) Digital Pulp
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Senfronia <hr/> Contributor address; City; State; Zip Code Houston, TX 77081-1246	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Senfronia <hr/> Contributor address; City; State; Zip Code Houston, TX 77081-1246	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Senfronia <hr/> Contributor address; City; State; Zip Code Houston, TX 77081-1246	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Senfronia <hr/> Contributor address; City; State; Zip Code Houston, TX 77081-1246	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Attorney		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: 1093/1229 Rpt: 1096/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Senfronia <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77081-1246	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Senfronia <hr/> Contributor address; City; State; Zip Code Houston, TX 77081-1246	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Senfronia <hr/> Contributor address; City; State; Zip Code Houston, TX 77081-1246	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Senfronia <hr/> Contributor address; City; State; Zip Code Houston, TX 77081-1246	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Senfronia <hr/> Contributor address; City; State; Zip Code Houston, TX 77081-1246	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Attorney		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: 1094/1229 Rpt: 1097/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Senfronia <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77081-1246	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Senfronia <hr/> Contributor address; City; State; Zip Code Houston, TX 77081-1246	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Senfronia <hr/> Contributor address; City; State; Zip Code Houston, TX 77081-1246	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thurber, Kent <hr/> Contributor address; City; State; Zip Code Rockville, MD 20852-6644	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) National Institute of Health
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tillmann, Lisa <hr/> Contributor address; City; State; Zip Code Orlando, FL 32804-6805	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Rollins College

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1095/1229 Rpt: 1098/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tillmann, Lisa	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Orlando, FL 32804-6805		
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Rollins College
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tillmann, Lisa	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Orlando, FL 32804-6805		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Rollins College
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tillmann, Lisa	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Orlando, FL 32804-6805		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Rollins College
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tillmann, Lisa	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Orlando, FL 32804-6805		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Rollins College
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tillmann, Lisa	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Orlando, FL 32804-6805		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Rollins College

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1096/1229 Rpt: 1099/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tillmann, Lisa <hr/> 6 Contributor address; City; State; Zip Code Orlando, FL 32804-6805	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Rollins College
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tillmann, Lisa <hr/> Contributor address; City; State; Zip Code Orlando, FL 32804-6805	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Rollins College
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tillmann, Lisa <hr/> Contributor address; City; State; Zip Code Orlando, FL 32804-6805	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Rollins College
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tillmann, Lisa <hr/> Contributor address; City; State; Zip Code Orlando, FL 32804-6805	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Rollins College
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tillmann, Lisa <hr/> Contributor address; City; State; Zip Code Orlando, FL 32804-6805	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Rollins College

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1097/1229 Rpt: 1100/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tillmann, Lisa <hr/> 6 Contributor address; City; State; Zip Code Orlando, FL 32804-6805	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Rollins College
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilman, Lee <hr/> Contributor address; City; State; Zip Code Flagstaff, AZ 86001-1237	Amount of Contribution (\$) \$113.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tinker, Dierdre <hr/> Contributor address; City; State; Zip Code Copper Canyon, TX 75077-8515	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Lewisville Independent School District
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tinker, Dierdre <hr/> Contributor address; City; State; Zip Code Copper Canyon, TX 75077-8515	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Lewisville Independent School District
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tinker, Dierdre <hr/> Contributor address; City; State; Zip Code Copper Canyon, TX 75077-8515	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Lewisville Independent School District

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1098/1229 Rpt: 1101/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tinker, Dierdre <hr/> 6 Contributor address; City; State; Zip Code Copper Canyon, TX 75077-8515	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Lewisville Independent School District
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tinker, Dierdre <hr/> Contributor address; City; State; Zip Code Copper Canyon, TX 75077-8515	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Lewisville Independent School District
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tinker, Dierdre <hr/> Contributor address; City; State; Zip Code Copper Canyon, TX 75077-8515	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Lewisville Independent School District
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tinklenberg, Mae <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94303-3830	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tirado, Anna L. <hr/> Contributor address; City; State; Zip Code Hamden, CT 06517-3401	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) County OBGYN Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1099/1229 Rpt: 1102/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tirado, Anna L.	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Hamden, CT 06517-3401		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) County OBGYN Group
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tirado, Anna L.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Hamden, CT 06517-3401		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) County OBGYN Group
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tirado, Anna L.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Hamden, CT 06517-3401		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) County OBGYN Group
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tirado, Anna L.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Hamden, CT 06517-3401		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) County OBGYN Group
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tirado, Anna L.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Hamden, CT 06517-3401		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) County OBGYN Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1100/1229 Rpt: 1103/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tobin, Nona <hr/> 6 Contributor address; City; State; Zip Code Henderson, NV 89052-7039	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tobin, Nona <hr/> Contributor address; City; State; Zip Code Henderson, NV 89052-7039	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tobin, Nona <hr/> Contributor address; City; State; Zip Code Henderson, NV 89052-7039	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tobin, Nona <hr/> Contributor address; City; State; Zip Code Henderson, NV 89052-7039	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tobin, Nona <hr/> Contributor address; City; State; Zip Code Henderson, NV 89052-7039	Amount of Contribution (\$) \$10.00
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: 1101/1229 Rpt: 1104/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tobin, Nona <hr/> 6 Contributor address; City; State; Zip Code Henderson, NV 89052-7039	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tobin, Nona <hr/> Contributor address; City; State; Zip Code Henderson, NV 89052-7039	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tobin, Nona <hr/> Contributor address; City; State; Zip Code Henderson, NV 89052-7039	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tobin, Nona <hr/> Contributor address; City; State; Zip Code Henderson, NV 89052-7039	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tobin, Nona <hr/> Contributor address; City; State; Zip Code Henderson, NV 89052-7039	Amount of Contribution (\$) \$15.00
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: 1102/1229 Rpt: 1105/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tobin, Nona <hr/> 6 Contributor address; City; State; Zip Code Henderson, NV 89052-7039	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tobin, Nona <hr/> Contributor address; City; State; Zip Code Henderson, NV 89052-7039	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa <hr/> Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Policy analyst		Employer (See Instructions) New America
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa <hr/> Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Policy analyst		Employer (See Instructions) New America
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa <hr/> Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Policy analyst		Employer (See Instructions) New America

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1103/1229 Rpt: 1106/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136		
8 Principal occupation / Job title (See Instructions) Policy analyst		9 Employer (See Instructions) New America
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136		
Principal occupation / Job title (See Instructions) Policy analyst		Employer (See Instructions) New America
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136		
Principal occupation / Job title (See Instructions) Policy analyst		Employer (See Instructions) New America
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136		
Principal occupation / Job title (See Instructions) Policy analyst		Employer (See Instructions) New America
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136		
Principal occupation / Job title (See Instructions) Policy analyst		Employer (See Instructions) New America

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1104/1229 Rpt: 1107/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa <hr/> 6 Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Policy analyst		9 Employer (See Instructions) New America
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa <hr/> Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Policy analyst		Employer (See Instructions) New America
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa <hr/> Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Policy analyst		Employer (See Instructions) New America
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa <hr/> Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Policy analyst		Employer (See Instructions) New America
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torbohn, Joan <hr/> Contributor address; City; State; Zip Code Durango, CO 81301-7454	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retail		Employer (See Instructions) Main Avenue Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1105/1229 Rpt: 1108/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torbohn, Joan <hr/> 6 Contributor address; City; State; Zip Code Durango, CO 81301-7454	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retail		9 Employer (See Instructions) Main Avenue Inc
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Alfredo <hr/> Contributor address; City; State; Zip Code Monroe, LA 71201-6762	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Alfredo <hr/> Contributor address; City; State; Zip Code Monroe, LA 71201-6762	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Alfredo <hr/> Contributor address; City; State; Zip Code Monroe, LA 71201-6762	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Alfredo <hr/> Contributor address; City; State; Zip Code Monroe, LA 71201-6762	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Owner		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: 1106/1229 Rpt: 1109/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Alfredo	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Monroe, LA 71201-6762	
8 Principal occupation / Job title (See Instructions) Business Owner		9 Employer (See Instructions) Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torres, Alfredo	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Monroe, LA 71201-6762	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toy, Peggy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Los Angeles, CA 90043-3517	
Principal occupation / Job title (See Instructions) Program Director		Employer (See Instructions) Academic Center
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toy, Peggy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Los Angeles, CA 90043-3517	
Principal occupation / Job title (See Instructions) Program Director		Employer (See Instructions) Academic Center
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toy, Peggy	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Los Angeles, CA 90043-3517	
Principal occupation / Job title (See Instructions) Program Director		Employer (See Instructions) Academic Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1107/1229 Rpt: 1110/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toy, Peggy 6 Contributor address; City; State; Zip Code Los Angeles, CA 90043-3517	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Program Director		9 Employer (See Instructions) Academic Center
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toy, Peggy Contributor address; City; State; Zip Code Los Angeles, CA 90043-3517	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Program Director		Employer (See Instructions) Academic Center
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Toy, Peggy Contributor address; City; State; Zip Code Los Angeles, CA 90043-3517	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Program Director		Employer (See Instructions) Academic Center
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trask, Suzanne Contributor address; City; State; Zip Code Fort Collins, CO 80524-2667	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trask, Suzanne Contributor address; City; State; Zip Code Fort Collins, CO 80524-2667	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: 1108/1229 Rpt: 1111/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trask, Suzanne <hr/> 6 Contributor address; City; State; Zip Code Fort Collins, CO 80524-2667	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trask, Suzanne <hr/> Contributor address; City; State; Zip Code Fort Collins, CO 80524-2667	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trask, Suzanne <hr/> Contributor address; City; State; Zip Code Fort Collins, CO 80524-2667	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treadway, Michael <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30306-2426	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Emory University
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treiman, Donald J. <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90077-2323	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: 1109/1229 Rpt: 1112/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treiman, Donald J. <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90077-2323	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treiman, Donald J. <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90077-2323	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treiman, Donald J. <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90077-2323	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treiman, Donald J. <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90077-2323	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Treiman, Donald J. <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90077-2323	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: 1110/1229 Rpt: 1113/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trusso, Bradford <hr/> 6 Contributor address; City; State; Zip Code Santa Cruz, CA 95065-1952	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tullis, Lynn <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-2403	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tullis, Lynn <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-2403	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tullis, Lynn <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-2403	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tullis, Lynn <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-2403	Amount of Contribution (\$) \$100.00
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: 1111/1229 Rpt: 1114/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tullis, Lynn <hr/> 6 Contributor address; City; State; Zip Code Eugene, OR 97405-2403	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tullis, Lynn <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-2403	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turkus, Barry <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94022-3712	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turkus, Barry <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94022-3712	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turkus, Barry <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94022-3712	Amount of Contribution (\$) \$50.00
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: 1112/1229 Rpt: 1115/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turkus, Barry <hr/> 6 Contributor address; City; State; Zip Code Los Altos, CA 94022-3712	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turkus, Barry <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94022-3712	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turkus, Barry <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94022-3712	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Nathaniel <hr/> Contributor address; City; State; Zip Code Providence, RI 02906-3617	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) ExaGrid
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Nathaniel <hr/> Contributor address; City; State; Zip Code Providence, RI 02906-3617	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) ExaGrid

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1113/1229 Rpt: 1116/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Nathaniel <hr/> 6 Contributor address; City; State; Zip Code Providence, RI 02906-3617	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) ExaGrid
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Nathaniel <hr/> Contributor address; City; State; Zip Code Providence, RI 02906-3617	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) ExaGrid
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Nathaniel <hr/> Contributor address; City; State; Zip Code Providence, RI 02906-3617	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) ExaGrid
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Nathaniel <hr/> Contributor address; City; State; Zip Code Providence, RI 02906-3617	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) ExaGrid
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Woodrow <hr/> Contributor address; City; State; Zip Code Leesburg, VA 20175-2700	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Turner Law Firm P.C.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1114/1229 Rpt: 1117/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Woodrow	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Leesburg, VA 20175-2700		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) The Turner Law Firm P.C.
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Woodrow	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Leesburg, VA 20175-2700		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Turner Law Firm P.C.
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Woodrow	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Leesburg, VA 20175-2700		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Turner Law Firm P.C.
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Woodrow	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Leesburg, VA 20175-2700		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Turner Law Firm P.C.
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Woodrow	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Leesburg, VA 20175-2700		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Turner Law Firm P.C.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1115/1229 Rpt: 1118/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Woodrow	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Leesburg, VA 20175-2700		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) The Turner Law Firm P.C.
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Woodrow	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Leesburg, VA 20175-2700		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Turner Law Firm P.C.
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Woodrow	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Leesburg, VA 20175-2700		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Turner Law Firm P.C.
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Woodrow	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Leesburg, VA 20175-2700		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Turner Law Firm P.C.
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Woodrow	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Leesburg, VA 20175-2700		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) The Turner Law Firm P.C.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1116/1229 Rpt: 1119/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Woodrow <hr/> 6 Contributor address; City; State; Zip Code Leesburg, VA 20175-2700	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) The Turner Law Firm P.C.
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyrance-Neal, Dianne <hr/> Contributor address; City; State; Zip Code Washington, DC 20011-5340	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyrance-Neal, Dianne <hr/> Contributor address; City; State; Zip Code Washington, DC 20011-5340	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyrance-Neal, Dianne <hr/> Contributor address; City; State; Zip Code Washington, DC 20011-5340	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyrance-Neal, Dianne <hr/> Contributor address; City; State; Zip Code Washington, DC 20011-5340	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: 1117/1229 Rpt: 1120/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyrance-Neal, Dianne <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20011-5340	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyrance-Neal, Dianne <hr/> Contributor address; City; State; Zip Code Washington, DC 20011-5340	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uhler, Roger <hr/> Contributor address; City; State; Zip Code Holderness, NH 03245-5316	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Uhler, Roger <hr/> Contributor address; City; State; Zip Code Holderness, NH 03245-5316	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ullian, Elaine <hr/> Contributor address; City; State; Zip Code Brookline, MA 02446-3900	Amount of Contribution (\$) \$250.00
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: 1118/1229 Rpt: 1121/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underdown, Eleanor B.	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Lenoir, NC 28645-8293	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underdown, Eleanor B.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Lenoir, NC 28645-8293	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underdown, Eleanor B.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Lenoir, NC 28645-8293	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underdown, Eleanor B.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Lenoir, NC 28645-8293	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underdown, Eleanor B.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Lenoir, NC 28645-8293	
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: 1119/1229 Rpt: 1122/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underdown, Eleanor B.	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Lenoir, NC 28645-8293		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underdown, Eleanor B.	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Lenoir, NC 28645-8293		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underwood, Sarah	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Washington, DC 20015-2930		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungar, Susan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Glenn Dale, MD 20769-2038		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungar, Susan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Glenn Dale, MD 20769-2038		
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: 1120/1229 Rpt: 1123/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungar, Susan <hr/> 6 Contributor address; City; State; Zip Code Glenn Dale, MD 20769-2038	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungar, Susan <hr/> Contributor address; City; State; Zip Code Glenn Dale, MD 20769-2038	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungar, Susan <hr/> Contributor address; City; State; Zip Code Glenn Dale, MD 20769-2038	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ungar, Susan <hr/> Contributor address; City; State; Zip Code Glenn Dale, MD 20769-2038	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaessen, Benjamin <hr/> Contributor address; City; State; Zip Code Schwenksville, PA 19473-2060	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Morphotek

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1121/1229 Rpt: 1124/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaessen, Benjamin	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Schwenksville, PA 19473-2060		
8 Principal occupation / Job title (See Instructions) Scientist		9 Employer (See Instructions) Morphotek
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaessen, Benjamin	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Schwenksville, PA 19473-2060		
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Morphotek
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaessen, Benjamin	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Schwenksville, PA 19473-2060		
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Morphotek
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaessen, Benjamin	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Schwenksville, PA 19473-2060		
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Morphotek
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vaessen, Benjamin	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Schwenksville, PA 19473-2060		
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Morphotek

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1122/1229 Rpt: 1125/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vagnucci, Anthony <hr/> 6 Contributor address; City; State; Zip Code Belmont, MA 02478-4223	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Tufts Medical Center
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vagnucci, Anthony <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478-4223	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tufts Medical Center
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vagnucci, Anthony <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478-4223	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tufts Medical Center
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vagnucci, Anthony <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478-4223	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tufts Medical Center
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vagnucci, Anthony <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478-4223	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Tufts Medical Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1123/1229 Rpt: 1126/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vagnucci, Anthony <hr/> 6 Contributor address; City; State; Zip Code Belmont, MA 02478-4223	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Tufts Medical Center
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Beke, Charles <hr/> Contributor address; City; State; Zip Code Knoxville, TN 37923-1972	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Beke, Charles <hr/> Contributor address; City; State; Zip Code Knoxville, TN 37923-1972	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Beke, Charles <hr/> Contributor address; City; State; Zip Code Knoxville, TN 37923-1972	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Beke, Charles <hr/> Contributor address; City; State; Zip Code Knoxville, TN 37923-1972	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: 1124/1229 Rpt: 1127/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Beke, Charles <hr/> 6 Contributor address; City; State; Zip Code Knoxville, TN 37923-1972	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Haren, Gail <hr/> Contributor address; City; State; Zip Code Blue Mounds, WI 53517-9600	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) N/A
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vance, John <hr/> Contributor address; City; State; Zip Code Woodland Park, CO 80863-9615	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vance, John <hr/> Contributor address; City; State; Zip Code Woodland Park, CO 80863-9615	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vance, John <hr/> Contributor address; City; State; Zip Code Woodland Park, CO 80863-9615	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: 1125/1229 Rpt: 1128/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vance, John	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Woodland Park, CO 80863-9615		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vance, John	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Woodland Park, CO 80863-9615		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vance, John	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Woodland Park, CO 80863-9615		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vance, John	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Woodland Park, CO 80863-9615		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vance, John	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Woodland Park, CO 80863-9615		
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: 1126/1229 Rpt: 1129/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vance, John <hr/> 6 Contributor address; City; State; Zip Code Woodland Park, CO 80863-9615	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderhorst, Elizabeth <hr/> Contributor address; City; State; Zip Code Billings, MT 59105-1854	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderhorst, Elizabeth <hr/> Contributor address; City; State; Zip Code Billings, MT 59105-1854	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderhorst, Elizabeth <hr/> Contributor address; City; State; Zip Code Billings, MT 59105-1854	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderhorst, Elizabeth <hr/> Contributor address; City; State; Zip Code Billings, MT 59105-1854	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: 1127/1229 Rpt: 1130/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderhorst, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Billings, MT 59105-1854	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderhorst, Elizabeth <hr/> Contributor address; City; State; Zip Code Billings, MT 59105-1854	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanstolk, Rosalind <hr/> Contributor address; City; State; Zip Code West Hartford, CT 06107-1326	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Connecticut GI
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanstolk, Rosalind <hr/> Contributor address; City; State; Zip Code West Hartford, CT 06107-1326	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Connecticut GI
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanstolk, Rosalind <hr/> Contributor address; City; State; Zip Code West Hartford, CT 06107-1326	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Connecticut GI

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1128/1229 Rpt: 1131/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanstolk, Rosalind	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code West Hartford, CT 06107-1326		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Connecticut GI
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanstolk, Rosalind	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code West Hartford, CT 06107-1326		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Connecticut GI
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varian, Lee C.	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Princeton, NJ 08540-3956		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varian, Lee C.	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Princeton, NJ 08540-3956		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varian, Lee C.	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Princeton, NJ 08540-3956		
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: 1129/1229 Rpt: 1132/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varian, Lee C. <hr/> 6 Contributor address; City; State; Zip Code Princeton, NJ 08540-3956	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varian, Lee C. <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08540-3956	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Varian, Lee C. <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08540-3956	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Venkateswaran, Ramaswami <hr/> Contributor address; City; State; Zip Code Sedona, AZ 86336-4427	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verderber, Elsa <hr/> Contributor address; City; State; Zip Code East Lansing, MI 48823-4751	Amount of Contribution (\$) \$30.00
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: 1130/1229 Rpt: 1133/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verderber, Elsa <hr/> 6 Contributor address; City; State; Zip Code East Lansing, MI 48823-4751	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verderber, Elsa <hr/> Contributor address; City; State; Zip Code East Lansing, MI 48823-4751	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verderber, Elsa <hr/> Contributor address; City; State; Zip Code East Lansing, MI 48823-4751	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Verderber, Elsa <hr/> Contributor address; City; State; Zip Code East Lansing, MI 48823-4751	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vermont, Theo <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95404-9529	Amount of Contribution (\$) \$5.00
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: 1131/1229 Rpt: 1134/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vermont, Theo	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Santa Rosa, CA 95404-9529		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vermont, Theo	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Santa Rosa, CA 95404-9529		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vermont, Theo	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Santa Rosa, CA 95404-9529		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vermont, Theo	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Santa Rosa, CA 95404-9529		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vermont, Theo	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Santa Rosa, CA 95404-9529		
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: 1132/1229 Rpt: 1135/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vermont, Theo <hr/> 6 Contributor address; City; State; Zip Code Santa Rosa, CA 95404-9529	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vermont, Theo <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95404-9529	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vermont, Theo <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95404-9529	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vermont, Theo <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95404-9529	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vertrees, Stephanie <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-3716	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott and White

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1133/1229 Rpt: 1136/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vertrees, Stephanie <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731-3716	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Baylor Scott and White
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vertrees, Stephanie <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-3716	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott and White
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vertrees, Stephanie <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-3716	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott and White
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vertrees, Stephanie <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-3716	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott and White
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vertrees, Stephanie <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-3716	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Baylor Scott and White

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1134/1229 Rpt: 1137/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vida, Bruce <hr/> 6 Contributor address; City; State; Zip Code Plymouth, MI 48170-3506	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vida, Bruce <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170-3506	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vida, Bruce <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170-3506	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vida, Bruce <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170-3506	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vida, Bruce <hr/> Contributor address; City; State; Zip Code Plymouth, MI 48170-3506	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: 1135/1229 Rpt: 1138/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vida, Bruce <hr/> 6 Contributor address; City; State; Zip Code Plymouth, MI 48170-3506	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villalobos, Carlos <hr/> Contributor address; City; State; Zip Code Bloomfield, NJ 07003-3601	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Verizon Communications Inc.
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villalobos, Carlos <hr/> Contributor address; City; State; Zip Code Bloomfield, NJ 07003-3601	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Verizon Communications Inc.
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villalobos, Carlos <hr/> Contributor address; City; State; Zip Code Bloomfield, NJ 07003-3601	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Verizon Communications Inc.
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villalobos, Carlos <hr/> Contributor address; City; State; Zip Code Bloomfield, NJ 07003-3601	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Verizon Communications Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1136/1229 Rpt: 1139/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villalobos, Carlos <hr/> 6 Contributor address; City; State; Zip Code Bloomfield, NJ 07003-3601	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) Verizon Communications Inc.
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villalobos, Carlos <hr/> Contributor address; City; State; Zip Code Bloomfield, NJ 07003-3601	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Verizon Communications Inc.
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent, Jennifer <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19146-4825	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent, Jennifer <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19146-4825	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent, Jennifer <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19146-4825	Amount of Contribution (\$) \$50.00
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: 1137/1229 Rpt: 1140/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Philadelphia, PA 19146-4825	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent, Jennifer <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19146-4825	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent, Jennifer <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19146-4825	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Volk, Robert <hr/> Contributor address; City; State; Zip Code San Marino, CA 91108-1140	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Volk, Robert <hr/> Contributor address; City; State; Zip Code San Marino, CA 91108-1140	Amount of Contribution (\$) \$100.00
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: 1138/1229 Rpt: 1141/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Volk, Robert 6 Contributor address; City; State; Zip Code San Marino, CA 91108-1140	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Volk, Robert Contributor address; City; State; Zip Code San Marino, CA 91108-1140	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Volk, Robert Contributor address; City; State; Zip Code San Marino, CA 91108-1140	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Volk, Robert Contributor address; City; State; Zip Code San Marino, CA 91108-1140	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Tarencia Contributor address; City; State; Zip Code New Carrollton, MD 20784-3630	Amount of Contribution (\$) \$15.00
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: 1139/1229 Rpt: 1142/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Tarencia <hr/> 6 Contributor address; City; State; Zip Code New Carrollton, MD 20784-3630	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Tarencia <hr/> Contributor address; City; State; Zip Code New Carrollton, MD 20784-3630	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Tarencia <hr/> Contributor address; City; State; Zip Code New Carrollton, MD 20784-3630	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Tarencia <hr/> Contributor address; City; State; Zip Code New Carrollton, MD 20784-3630	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Tarencia <hr/> Contributor address; City; State; Zip Code New Carrollton, MD 20784-3630	Amount of Contribution (\$) \$15.00
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: 1140/1229 Rpt: 1143/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wade, Tarencia <hr/> 6 Contributor address; City; State; Zip Code New Carrollton, MD 20784-3630	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagar, Chip <hr/> Contributor address; City; State; Zip Code Mandeville, LA 70471-1206	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Wagar Hickman LLC
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagar, Chip <hr/> Contributor address; City; State; Zip Code Mandeville, LA 70471-1206	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Wagar Hickman LLC
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagar, Chip <hr/> Contributor address; City; State; Zip Code Mandeville, LA 70471-1206	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Wagar Hickman LLC
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagar, Chip <hr/> Contributor address; City; State; Zip Code Mandeville, LA 70471-1206	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Wagar Hickman LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1141/1229 Rpt: 1144/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagar, Chip <hr/> 6 Contributor address; City; State; Zip Code Mandeville, LA 70471-1206	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Wagar Hickman LLC
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagar, Chip <hr/> Contributor address; City; State; Zip Code Mandeville, LA 70471-1206	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Wagar Hickman LLC
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Lee <hr/> Contributor address; City; State; Zip Code San Ramon, CA 94582-4839	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Lee <hr/> Contributor address; City; State; Zip Code San Ramon, CA 94582-4839	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Lee <hr/> Contributor address; City; State; Zip Code San Ramon, CA 94582-4839	Amount of Contribution (\$) \$20.00
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: 1142/1229 Rpt: 1145/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Lee <hr/> 6 Contributor address; City; State; Zip Code San Ramon, CA 94582-4839	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Lee <hr/> Contributor address; City; State; Zip Code San Ramon, CA 94582-4839	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Lee <hr/> Contributor address; City; State; Zip Code San Ramon, CA 94582-4839	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not employed
Date 09/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wahl, Stanley <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95403-2421	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) 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: 1143/1229 Rpt: 1146/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Self Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) 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: 1144/1229 Rpt: 1147/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Self Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512		
Principal occupation / Job title (See Instructions) 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: 1145/1229 Rpt: 1148/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Self Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) 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: 1146/1229 Rpt: 1149/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Self Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wainstein, Michelle <hr/> Contributor address; City; State; Zip Code Seattle, WA 98107-2007	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Biologist		Employer (See Instructions) Self Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wainstein, Michelle <hr/> Contributor address; City; State; Zip Code Seattle, WA 98107-2007	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Biologist		Employer (See Instructions) Self Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wainstein, Michelle <hr/> Contributor address; City; State; Zip Code Seattle, WA 98107-2007	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Biologist		Employer (See Instructions) Self Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wainstein, Michelle <hr/> Contributor address; City; State; Zip Code Seattle, WA 98107-2007	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Biologist		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: 1147/1229 Rpt: 1150/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wainstein, Michelle <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98107-2007	7 Amount of Contribution (\$) \$33.00
8 Principal occupation / Job title (See Instructions) Biologist		9 Employer (See Instructions) Self Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wainstein, Michelle <hr/> Contributor address; City; State; Zip Code Seattle, WA 98107-2007	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Biologist		Employer (See Instructions) Self Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walden, Laurie <hr/> Contributor address; City; State; Zip Code Columbia, SC 29223-6916	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Legislative Aide		Employer (See Instructions) South Carolina House of Representatives
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$250.00
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: 1148/1229 Rpt: 1151/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> 6 Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$50.00
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: 1149/1229 Rpt: 1152/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> 6 Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$250.00
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: 1150/1229 Rpt: 1153/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> 6 Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter, John <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95864-4952	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter, John <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95864-4952	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter, John <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95864-4952	Amount of Contribution (\$) \$20.20
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter, John <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95864-4952	Amount of Contribution (\$) \$20.20
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: 1151/1229 Rpt: 1154/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter, John	7 Amount of Contribution (\$) \$20.20
6 Contributor address; City; State; Zip Code Sacramento, CA 95864-4952		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter, John	Amount of Contribution (\$) \$20.20
Contributor address; City; State; Zip Code Sacramento, CA 95864-4952		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Lan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77006-4114		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Texas Health Service Center
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Lan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77006-4114		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Texas Health Service Center
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Lan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Houston, TX 77006-4114		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Texas Health Service Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1152/1229 Rpt: 1155/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Lan <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006-4114	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) University of Texas Health Service Center
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Lan <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-4114	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Texas Health Service Center
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Lan <hr/> Contributor address; City; State; Zip Code Houston, TX 77006-4114	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Texas Health Service Center
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ward, Robert <hr/> Contributor address; City; State; Zip Code Medford, OR 97504-8671	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ware, Kimberly <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610-1804	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: 1153/1229 Rpt: 1156/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ware, Kimberly <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94610-1804	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ware, Kimberly <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610-1804	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ware, Kimberly <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610-1804	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ware, Kimberly <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610-1804	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ware, Kimberly <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610-1804	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: 1154/1229 Rpt: 1157/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/24/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washburn, Stephen <hr/> 6 Contributor address; City; State; Zip Code Marshfield, MA 02050-6219	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washburn, Stephen <hr/> Contributor address; City; State; Zip Code Marshfield, MA 02050-6219	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washburn, Stephen <hr/> Contributor address; City; State; Zip Code Marshfield, MA 02050-6219	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washburn, Stephen <hr/> Contributor address; City; State; Zip Code Marshfield, MA 02050-6219	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washburn, Stephen <hr/> Contributor address; City; State; Zip Code Marshfield, MA 02050-6219	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: 1155/1229 Rpt: 1158/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Washburn, Stephen	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Marshfield, MA 02050-6219		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wasserman, Louis	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Mountain View, CA 94041-1974		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Google LLC
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wasserman, Louis	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Mountain View, CA 94041-1974		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Google LLC
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wasserman, Louis	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Mountain View, CA 94041-1974		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Google LLC
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wasserman, Louis	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Mountain View, CA 94041-1974		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Google LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1156/1229 Rpt: 1159/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wasserman, Louis	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Mountain View, CA 94041-1974		
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Google LLC
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wasserman, Louis	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Mountain View, CA 94041-1974		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Google LLC
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watford, Nancy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code South Riding, VA 20152-1788		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watford, Nancy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code South Riding, VA 20152-1788		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watford, Nancy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code South Riding, VA 20152-1788		
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: 1157/1229 Rpt: 1160/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watford, Nancy	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code South Riding, VA 20152-1788		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watford, Nancy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code South Riding, VA 20152-1788		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watford, Nancy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code South Riding, VA 20152-1788		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Ralph	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eugene, OR 97401-7858		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Ralph	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Eugene, OR 97401-7858		
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: 1158/1229 Rpt: 1161/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Ralph <hr/> 6 Contributor address; City; State; Zip Code Eugene, OR 97401-7858	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Ralph <hr/> Contributor address; City; State; Zip Code Eugene, OR 97401-7858	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Ralph <hr/> Contributor address; City; State; Zip Code Eugene, OR 97401-7858	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Watkins, Ralph <hr/> Contributor address; City; State; Zip Code Eugene, OR 97401-7858	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weathersby, Vanessa <hr/> Contributor address; City; State; Zip Code Chicago, IL 60615-3810	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) BMO Financial Corp.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1159/1229 Rpt: 1162/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weathersby, Vanessa <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60615-3810	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) BMO Financial Corp.
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weathersby, Vanessa <hr/> Contributor address; City; State; Zip Code Chicago, IL 60615-3810	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) BMO Financial Corp.
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weathersby, Vanessa <hr/> Contributor address; City; State; Zip Code Chicago, IL 60615-3810	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) BMO Financial Corp.
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weathersby, Vanessa <hr/> Contributor address; City; State; Zip Code Chicago, IL 60615-3810	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) BMO Financial Corp.
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weathersby, Vanessa <hr/> Contributor address; City; State; Zip Code Chicago, IL 60615-3810	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) BMO Financial Corp.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1160/1229 Rpt: 1163/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Sherrill <hr/> 6 Contributor address; City; State; Zip Code Skokie, IL 60076-3515	7 Amount of Contribution (\$) \$95.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Benjamin <hr/> Contributor address; City; State; Zip Code Flemington, NJ 08822-5555	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Webb, Benjamin <hr/> Contributor address; City; State; Zip Code Flemington, NJ 08822-5555	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber-Johnson, Chris <hr/> Contributor address; City; State; Zip Code Davis, CA 95618-1432	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber-Johnson, Chris <hr/> Contributor address; City; State; Zip Code Davis, CA 95618-1432	Amount of Contribution (\$) \$50.00
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: 1161/1229 Rpt: 1164/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber-Johnson, Chris <hr/> 6 Contributor address; City; State; Zip Code Davis, CA 95618-1432	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber-Johnson, Chris <hr/> Contributor address; City; State; Zip Code Davis, CA 95618-1432	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber-Johnson, Chris <hr/> Contributor address; City; State; Zip Code Davis, CA 95618-1432	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber-Johnson, Chris <hr/> Contributor address; City; State; Zip Code Davis, CA 95618-1432	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weeden, Catherine <hr/> Contributor address; City; State; Zip Code Bozeman, MT 59715-5982	Amount of Contribution (\$) \$75.00
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: 1162/1229 Rpt: 1165/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weeden, Catherine <hr/> 6 Contributor address; City; State; Zip Code Bozeman, MT 59715-5982	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weeden, Catherine <hr/> Contributor address; City; State; Zip Code Bozeman, MT 59715-5982	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weeden, Catherine <hr/> Contributor address; City; State; Zip Code Bozeman, MT 59715-5982	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weeden, Catherine <hr/> Contributor address; City; State; Zip Code Bozeman, MT 59715-5982	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weeden, Catherine <hr/> Contributor address; City; State; Zip Code Bozeman, MT 59715-5982	Amount of Contribution (\$) \$75.00
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: 1163/1229 Rpt: 1166/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weflen, Marleen <hr/> 6 Contributor address; City; State; Zip Code Mesa, AZ 85212-8439	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weflen, Marleen <hr/> Contributor address; City; State; Zip Code Mesa, AZ 85212-8439	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weflen, Marleen <hr/> Contributor address; City; State; Zip Code Mesa, AZ 85212-8439	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weflen, Marleen <hr/> Contributor address; City; State; Zip Code Mesa, AZ 85212-8439	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weflen, Marleen <hr/> Contributor address; City; State; Zip Code Mesa, AZ 85212-8439	Amount of Contribution (\$) \$100.00
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: 1164/1229 Rpt: 1167/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weflen, Marleen <hr/> 6 Contributor address; City; State; Zip Code Mesa, AZ 85212-8439	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wegmann, Karen B. <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-1230	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718-1209	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Arizona
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718-1209	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Arizona
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718-1209	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Arizona

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1165/1229 Rpt: 1168/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Tucson, AZ 85718-1209		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) University of Arizona
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Tucson, AZ 85718-1209		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Arizona
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Tucson, AZ 85718-1209		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Arizona
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Tucson, AZ 85718-1209		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Arizona
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Tucson, AZ 85718-1209		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Arizona

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1166/1229 Rpt: 1169/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Tucson, AZ 85718-1209		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) University of Arizona
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Tucson, AZ 85718-1209		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Arizona
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weihs, Karen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Tucson, AZ 85718-1209		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Arizona
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weir, Eric	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Decatur, GA 30030-1215		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weir, Eric	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Decatur, GA 30030-1215		
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: 1167/1229 Rpt: 1170/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weir, Eric <hr/> 6 Contributor address; City; State; Zip Code Decatur, GA 30030-1215	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weir, Eric <hr/> Contributor address; City; State; Zip Code Decatur, GA 30030-1215	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weir, Eric <hr/> Contributor address; City; State; Zip Code Decatur, GA 30030-1215	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weir, Eric <hr/> Contributor address; City; State; Zip Code Decatur, GA 30030-1215	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, T. Patrick <hr/> Contributor address; City; State; Zip Code Corvallis, OR 97333-9323	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Researcher		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: 1168/1229 Rpt: 1171/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Teresa K. <hr/> 6 Contributor address; City; State; Zip Code Corvallis, OR 97333-9323	7 Amount of Contribution (\$) \$10,000.00
8 Principal occupation / Job title (See Instructions) Editor		9 Employer (See Instructions) Self Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Teresa K. <hr/> Contributor address; City; State; Zip Code Corvallis, OR 97333-9323	Amount of Contribution (\$) \$5,000.00
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Self Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weller, Paul <hr/> Contributor address; City; State; Zip Code Minooka, IL 60447-9228	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weller, Paul <hr/> Contributor address; City; State; Zip Code Minooka, IL 60447-9228	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weller, Paul <hr/> Contributor address; City; State; Zip Code Minooka, IL 60447-9228	Amount of Contribution (\$) \$15.00
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: 1169/1229 Rpt: 1172/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weller, Paul <hr/> 6 Contributor address; City; State; Zip Code Minooka, IL 60447-9228	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Elizabeth <hr/> Contributor address; City; State; Zip Code Mill Creek, WA 98012-8062	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Gwendolyn <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87505-3865	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Self Employed
Date 08/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Gwendolyn <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87505-3865	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Self Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Gwendolyn <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87505-3865	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Editor		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: 1170/1229 Rpt: 1173/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Gwendolyn <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, NM 87505-3865	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Editor		9 Employer (See Instructions) Self Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Gwendolyn <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87505-3865	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Self Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wells, Gwendolyn <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87505-3865	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Self Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wessel, Robert <hr/> Contributor address; City; State; Zip Code Wauwatosa, WI 53226-2319	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Electrical Designer		Employer (See Instructions) GS Global Resources
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wessel, Robert <hr/> Contributor address; City; State; Zip Code Wauwatosa, WI 53226-2319	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Electrical Designer		Employer (See Instructions) GS Global Resources

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1171/1229 Rpt: 1174/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wessel, Robert <hr/> 6 Contributor address; City; State; Zip Code Wauwatosa, WI 53226-2319	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Electrical Designer		9 Employer (See Instructions) GS Global Resources
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wessel, Robert <hr/> Contributor address; City; State; Zip Code Wauwatosa, WI 53226-2319	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Electrical Designer		Employer (See Instructions) GS Global Resources
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wessel, Robert <hr/> Contributor address; City; State; Zip Code Wauwatosa, WI 53226-2319	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Electrical Designer		Employer (See Instructions) GS Global Resources
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wessel, Robert <hr/> Contributor address; City; State; Zip Code Wauwatosa, WI 53226-2319	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Electrical Designer		Employer (See Instructions) GS Global Resources
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Randolph <hr/> Contributor address; City; State; Zip Code Chattanooga, TN 37421-4126	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions) Christ Church

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1172/1229 Rpt: 1175/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Randolph <hr/> 6 Contributor address; City; State; Zip Code Chattanooga, TN 37421-4126	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Minister		9 Employer (See Instructions) Christ Church
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Randolph <hr/> Contributor address; City; State; Zip Code Chattanooga, TN 37421-4126	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions) Christ Church
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Randolph <hr/> Contributor address; City; State; Zip Code Chattanooga, TN 37421-4126	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions) Christ Church
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Randolph <hr/> Contributor address; City; State; Zip Code Chattanooga, TN 37421-4126	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions) Christ Church
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Randolph <hr/> Contributor address; City; State; Zip Code Chattanooga, TN 37421-4126	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Minister		Employer (See Instructions) Christ Church

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1173/1229 Rpt: 1176/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/03/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Thomas <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94610-1316	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Thomas <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610-1316	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Thomas <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610-1316	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Thomas <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610-1316	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Thomas <hr/> Contributor address; City; State; Zip Code Oakland, CA 94610-1316	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: 1174/1229 Rpt: 1177/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weston, Thomas <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94610-1316	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whalin, Michael <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55410-2636	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whalin, Michael <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55410-2636	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whalin, Michael <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55410-2636	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whalin, Michael <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55410-2636	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: 1175/1229 Rpt: 1178/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whalin, Michael <hr/> 6 Contributor address; City; State; Zip Code Minneapolis, MN 55410-2636	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whalin, Michael <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55410-2636	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whipple, Sandra <hr/> Contributor address; City; State; Zip Code Merion Sta, PA 19066-1326	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dermatology Physicians of South Jersey
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whipple, Sandra <hr/> Contributor address; City; State; Zip Code Merion Sta, PA 19066-1326	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dermatology Physicians of South Jersey
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whipple, Sandra <hr/> Contributor address; City; State; Zip Code Merion Sta, PA 19066-1326	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dermatology Physicians of South Jersey

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1176/1229 Rpt: 1179/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whipple, Sandra <hr/> 6 Contributor address; City; State; Zip Code Merion Sta, PA 19066-1326	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Dermatology Physicians of South Jersey
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whipple, Sandra <hr/> Contributor address; City; State; Zip Code Merion Sta, PA 19066-1326	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dermatology Physicians of South Jersey
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Donald <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98033-4709	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Donald <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98033-4709	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Donald <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98033-4709	Amount of Contribution (\$) \$20.00
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: 1177/1229 Rpt: 1180/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/23/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Donald <hr/> 6 Contributor address; City; State; Zip Code Kirkland, WA 98033-4709	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Donald <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98033-4709	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Donald <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98033-4709	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitman, Mark <hr/> Contributor address; City; State; Zip Code Erie, CO 80516-7584	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitsett, Linda <hr/> Contributor address; City; State; Zip Code Anchorage, AK 99507-4422	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Receptionist		Employer (See Instructions) Paragon Properties

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1178/1229 Rpt: 1181/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitsett, Linda <hr/> 6 Contributor address; City; State; Zip Code Anchorage, AK 99507-4422	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Receptionist		9 Employer (See Instructions) Paragon Properties
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitsett, Linda <hr/> Contributor address; City; State; Zip Code Anchorage, AK 99507-4422	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Receptionist		Employer (See Instructions) Paragon Properties
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitsett, Linda <hr/> Contributor address; City; State; Zip Code Anchorage, AK 99507-4422	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Receptionist		Employer (See Instructions) Paragon Properties
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitsett, Linda <hr/> Contributor address; City; State; Zip Code Anchorage, AK 99507-4422	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Receptionist		Employer (See Instructions) Paragon Properties
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitsett, Linda <hr/> Contributor address; City; State; Zip Code Anchorage, AK 99507-4422	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Receptionist		Employer (See Instructions) Paragon Properties

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1179/1229 Rpt: 1182/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wible, Lyman	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Middleton, WI 53562-1257		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wible, Lyman	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Middleton, WI 53562-1257		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wigg, Ristiina	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Corning, NY 14830-3227		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wikler, Joan	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Waldport, OR 97394-0734		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wikler, Joan	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Waldport, OR 97394-0734		
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: 1180/1229 Rpt: 1183/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wikler, Joan	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Waldport, OR 97394-0734		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wikler, Joan	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Waldport, OR 97394-0734		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wikler, Joan	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Waldport, OR 97394-0734		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wikler, Joan	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Waldport, OR 97394-0734		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilcox, Kathleen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Washington, DC 20007-3349		
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: 1181/1229 Rpt: 1184/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilcox, Kathleen <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20007-3349	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilcox, Kathleen <hr/> Contributor address; City; State; Zip Code Washington, DC 20007-3349	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilcox, Kathleen <hr/> Contributor address; City; State; Zip Code Washington, DC 20007-3349	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilcox, Kathleen <hr/> Contributor address; City; State; Zip Code Washington, DC 20007-3349	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilcox, Kathleen <hr/> Contributor address; City; State; Zip Code Washington, DC 20007-3349	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: 1182/1229 Rpt: 1185/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilds, Deborah <hr/> 6 Contributor address; City; State; Zip Code Sacramento, CA 95819-4123	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilds, Deborah <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95819-4123	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilds, Deborah <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95819-4123	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilds, Deborah <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95819-4123	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilds, Deborah <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95819-4123	Amount of Contribution (\$) \$20.00
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: 1183/1229 Rpt: 1186/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/04/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilds, Deborah	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Sacramento, CA 95819-4123		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilfert, Joann	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Monte Sereno, CA 95030-3156		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilfert, Joann	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Monte Sereno, CA 95030-3156		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilfert, Joann	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Monte Sereno, CA 95030-3156		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilfert, Joann	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Monte Sereno, CA 95030-3156		
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: 1184/1229 Rpt: 1187/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Alvin T. <hr/> 6 Contributor address; City; State; Zip Code Hudson, MA 01749-2756	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Alvin T. <hr/> Contributor address; City; State; Zip Code Hudson, MA 01749-2756	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Alvin T. <hr/> Contributor address; City; State; Zip Code Hudson, MA 01749-2756	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Alvin T. <hr/> Contributor address; City; State; Zip Code Hudson, MA 01749-2756	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Alvin T. <hr/> Contributor address; City; State; Zip Code Hudson, MA 01749-2756	Amount of Contribution (\$) \$150.00
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: 1185/1229 Rpt: 1188/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Alvin T.	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Hudson, MA 01749-2756	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Alvin T.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Hudson, MA 01749-2756	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Alvin T.	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Hudson, MA 01749-2756	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Alvin T.	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Hudson, MA 01749-2756	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Alvin T.	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Hudson, MA 01749-2756	
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: 1186/1229 Rpt: 1189/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Alvin T. <hr/> 6 Contributor address; City; State; Zip Code Hudson, MA 01749-2756	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Alvin T. <hr/> Contributor address; City; State; Zip Code Hudson, MA 01749-2756	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Alvin T. <hr/> Contributor address; City; State; Zip Code Hudson, MA 01749-2756	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Alvin T. <hr/> Contributor address; City; State; Zip Code Hudson, MA 01749-2756	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Alvin T. <hr/> Contributor address; City; State; Zip Code Hudson, MA 01749-2756	Amount of Contribution (\$) \$100.00
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: 1187/1229 Rpt: 1190/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Alvin T. <hr/> 6 Contributor address; City; State; Zip Code Hudson, MA 01749-2756	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Frank <hr/> Contributor address; City; State; Zip Code Saint Louis, MO 63133-1422	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Orchard Farm School District
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Frank <hr/> Contributor address; City; State; Zip Code Saint Louis, MO 63133-1422	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Orchard Farm School District
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Frank <hr/> Contributor address; City; State; Zip Code Saint Louis, MO 63133-1422	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Orchard Farm School District
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Frank <hr/> Contributor address; City; State; Zip Code Saint Louis, MO 63133-1422	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Orchard Farm School District

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1188/1229 Rpt: 1191/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Frank <hr/> 6 Contributor address; City; State; Zip Code Saint Louis, MO 63133-1422	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) Orchard Farm School District
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Frank <hr/> Contributor address; City; State; Zip Code Saint Louis, MO 63133-1422	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Orchard Farm School District
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Karen <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619-4244	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Karen <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619-4244	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Karen <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619-4244	Amount of Contribution (\$) \$10.00
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: 1189/1229 Rpt: 1192/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Karen <hr/> 6 Contributor address; City; State; Zip Code Driftwood, TX 78619-4244	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Karen <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619-4244	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Karen <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619-4244	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Karen <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619-4244	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Karen <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619-4244	Amount of Contribution (\$) \$10.00
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: 1190/1229 Rpt: 1193/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Karen <hr/> 6 Contributor address; City; State; Zip Code Driftwood, TX 78619-4244	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Karen <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619-4244	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Karen <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619-4244	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Karen <hr/> Contributor address; City; State; Zip Code Driftwood, TX 78619-4244	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Cheryl <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90009-1211	Amount of Contribution (\$) \$50.00
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: 1191/1229 Rpt: 1194/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Cheryl <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90009-1211	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Cheryl <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90009-1211	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Cheryl <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90009-1211	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Cheryl <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90009-1211	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williamson, Cheryl <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90009-1211	Amount of Contribution (\$) \$50.00
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: 1192/1229 Rpt: 1195/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Ashley <hr/> 6 Contributor address; City; State; Zip Code El Segundo, CA 90245-4057	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Grant Writer		9 Employer (See Instructions) Los Angeles LGBT Center
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Joyce <hr/> Contributor address; City; State; Zip Code Grass Valley, CA 95945-5506	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/19/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Joyce <hr/> Contributor address; City; State; Zip Code Grass Valley, CA 95945-5506	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Joyce <hr/> Contributor address; City; State; Zip Code Grass Valley, CA 95945-5506	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Joyce <hr/> Contributor address; City; State; Zip Code Grass Valley, CA 95945-5506	Amount of Contribution (\$) \$20.00
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: 1193/1229 Rpt: 1196/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Joyce <hr/> 6 Contributor address; City; State; Zip Code Grass Valley, CA 95945-5506	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Joyce <hr/> Contributor address; City; State; Zip Code Grass Valley, CA 95945-5506	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Shonda <hr/> Contributor address; City; State; Zip Code Tampa, FL 33647-1164	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Shonda <hr/> Contributor address; City; State; Zip Code Tampa, FL 33647-1164	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Shonda <hr/> Contributor address; City; State; Zip Code Tampa, FL 33647-1164	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: 1194/1229 Rpt: 1197/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Shonda <hr/> 6 Contributor address; City; State; Zip Code Tampa, FL 33647-1164	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Shonda <hr/> Contributor address; City; State; Zip Code Tampa, FL 33647-1164	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Shonda <hr/> Contributor address; City; State; Zip Code Tampa, FL 33647-1164	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Shonda <hr/> Contributor address; City; State; Zip Code Tampa, FL 33647-1164	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Shonda <hr/> Contributor address; City; State; Zip Code Tampa, FL 33647-1164	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: 1195/1229 Rpt: 1198/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Shonda <hr/> 6 Contributor address; City; State; Zip Code Tampa, FL 33647-1164	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, William <hr/> Contributor address; City; State; Zip Code Spring, TX 77393-2166	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, William <hr/> Contributor address; City; State; Zip Code Spring, TX 77393-2166	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, William <hr/> Contributor address; City; State; Zip Code Spring, TX 77393-2166	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, William <hr/> Contributor address; City; State; Zip Code Spring, TX 77393-2166	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: 1196/1229 Rpt: 1199/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, William <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77393-2166	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, William <hr/> Contributor address; City; State; Zip Code Spring, TX 77393-2166	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, William <hr/> Contributor address; City; State; Zip Code Spring, TX 77393-2166	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, William <hr/> Contributor address; City; State; Zip Code Spring, TX 77393-2166	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Zachary <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144-1805	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Amazon.com Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1197/1229 Rpt: 1200/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/15/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Zachary	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Somerville, MA 02144-1805		
8 Principal occupation / Job title (See Instructions) Software Developer		9 Employer (See Instructions) Amazon.com Inc.
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Zachary	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Somerville, MA 02144-1805		
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Amazon.com Inc.
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Zachary	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Somerville, MA 02144-1805		
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Amazon.com Inc.
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Zachary	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Somerville, MA 02144-1805		
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Amazon.com Inc.
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Zachary	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Somerville, MA 02144-1805		
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Amazon.com Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1198/1229 Rpt: 1201/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winckler, Robert <hr/> 6 Contributor address; City; State; Zip Code Wasilla, AK 99687-7378	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winckler, Robert <hr/> Contributor address; City; State; Zip Code Wasilla, AK 99687-7378	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winckler, Robert <hr/> Contributor address; City; State; Zip Code Wasilla, AK 99687-7378	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winckler, Robert <hr/> Contributor address; City; State; Zip Code Wasilla, AK 99687-7378	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winslow, William <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90403-1377	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		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: 1199/1229 Rpt: 1202/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winters, Alyson <hr/> 6 Contributor address; City; State; Zip Code Charlotte, NC 28226-8900	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Nexcom
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Sally <hr/> Contributor address; City; State; Zip Code Seattle, WA 98112-5059	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Valerie <hr/> Contributor address; City; State; Zip Code San Jose, CA 95124-2605	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Valerie <hr/> Contributor address; City; State; Zip Code San Jose, CA 95124-2605	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Valerie <hr/> Contributor address; City; State; Zip Code San Jose, CA 95124-2605	Amount of Contribution (\$) \$50.00
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: 1200/1229 Rpt: 1203/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Valerie <hr/> 6 Contributor address; City; State; Zip Code San Jose, CA 95124-2605	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woloshin, Barry <hr/> Contributor address; City; State; Zip Code Jackson, NJ 08527-4039	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolter, Chester <hr/> Contributor address; City; State; Zip Code Hillsboro, OR 97124-8301	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolter, Chester <hr/> Contributor address; City; State; Zip Code Hillsboro, OR 97124-8301	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolter, Chester <hr/> Contributor address; City; State; Zip Code Hillsboro, OR 97124-8301	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: 1201/1229 Rpt: 1204/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolter, Chester <hr/> 6 Contributor address; City; State; Zip Code Hillsboro, OR 97124-8301	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolter, Chester <hr/> Contributor address; City; State; Zip Code Hillsboro, OR 97124-8301	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolter, Chester <hr/> Contributor address; City; State; Zip Code Hillsboro, OR 97124-8301	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolter, Chester <hr/> Contributor address; City; State; Zip Code Hillsboro, OR 97124-8301	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolter, Chester <hr/> Contributor address; City; State; Zip Code Hillsboro, OR 97124-8301	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: 1202/1229 Rpt: 1205/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolverton, Ben	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code New York, NY 10036-3798		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Arnold and Porter Kaye Scholer
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolverton, Ben	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New York, NY 10036-3798		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Arnold and Porter Kaye Scholer
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolverton, Ben	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New York, NY 10036-3798		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Arnold and Porter Kaye Scholer
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolverton, Ben	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New York, NY 10036-3798		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Arnold and Porter Kaye Scholer
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolverton, Ben	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New York, NY 10036-3798		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Arnold and Porter Kaye Scholer

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1203/1229 Rpt: 1206/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolverton, Ben <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10036-3798	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Arnold and Porter Kaye Scholer
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woo, Elaine <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98005-1517	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woo, Elaine <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98005-1517	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woo, Elaine <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98005-1517	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woo, Elaine <hr/> Contributor address; City; State; Zip Code Bellevue, WA 98005-1517	Amount of Contribution (\$) \$50.00
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: 1204/1229 Rpt: 1207/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woo, Elaine <hr/> 6 Contributor address; City; State; Zip Code Bellevue, WA 98005-1517	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Daniel <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11222-1014	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Impact Digital
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Daniel <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11222-1014	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Impact Digital
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Daniel <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11222-1014	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Impact Digital
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Daniel <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11222-1014	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Impact Digital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1205/1229 Rpt: 1208/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Daniel	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Brooklyn, NY 11222-1014		
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) Impact Digital
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Daniel	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brooklyn, NY 11222-1014		
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Impact Digital
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Rega	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Palo Alto, CA 94303-4220		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Indiana University Bloomington
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Rega	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Palo Alto, CA 94303-4220		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Indiana University Bloomington
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Rega	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Palo Alto, CA 94303-4220		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Indiana University Bloomington

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1206/1229 Rpt: 1209/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Rega <hr/> 6 Contributor address; City; State; Zip Code Palo Alto, CA 94303-4220	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Indiana University Bloomington
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Rega <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94303-4220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Indiana University Bloomington
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Rega <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94303-4220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Indiana University Bloomington
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Rega <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94303-4220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Indiana University Bloomington
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Rega <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94303-4220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Indiana University Bloomington

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1207/1229 Rpt: 1210/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard, Kim <hr/> 6 Contributor address; City; State; Zip Code Kensington, CA 94708-1132	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard-Kelley, Rachel <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98029-7326	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Issaquah School District
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard-Kelley, Rachel <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98029-7326	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Issaquah School District
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard-Kelley, Rachel <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98029-7326	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Issaquah School District
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard-Kelley, Rachel <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98029-7326	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Issaquah School District

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1208/1229 Rpt: 1211/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/27/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard-Kelley, Rachel <hr/> 6 Contributor address; City; State; Zip Code Issaquah, WA 98029-7326	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Educator		9 Employer (See Instructions) Issaquah School District
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard-Kelley, Rachel <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98029-7326	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Issaquah School District
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodhull, Albert <hr/> Contributor address; City; State; Zip Code Leyden, MA 01337-9580	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodhull, Albert <hr/> Contributor address; City; State; Zip Code Leyden, MA 01337-9580	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodhull, Albert <hr/> Contributor address; City; State; Zip Code Leyden, MA 01337-9580	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: 1209/1229 Rpt: 1212/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodhull, Albert <hr/> 6 Contributor address; City; State; Zip Code Leyden, MA 01337-9580	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodhull, Albert <hr/> Contributor address; City; State; Zip Code Leyden, MA 01337-9580	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodhull, Albert <hr/> Contributor address; City; State; Zip Code Leyden, MA 01337-9580	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worlein, Larry <hr/> Contributor address; City; State; Zip Code Beaverton, OR 97006-5847	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/15/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worlein, Larry <hr/> Contributor address; City; State; Zip Code Beaverton, OR 97006-5847	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: 1210/1229 Rpt: 1213/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worlein, Larry <hr/> 6 Contributor address; City; State; Zip Code Beaverton, OR 97006-5847	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worlein, Larry <hr/> Contributor address; City; State; Zip Code Beaverton, OR 97006-5847	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/20/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worlein, Larry <hr/> Contributor address; City; State; Zip Code Beaverton, OR 97006-5847	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worlein, Larry <hr/> Contributor address; City; State; Zip Code Beaverton, OR 97006-5847	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worley, Patrick <hr/> Contributor address; City; State; Zip Code Oak Ridge, TN 37830-5211	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Computing Consultant		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: 1211/1229 Rpt: 1214/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/28/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worley, Patrick <hr/> 6 Contributor address; City; State; Zip Code Oak Ridge, TN 37830-5211	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Computing Consultant		9 Employer (See Instructions) Self Employed
Date 09/25/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worley, Patrick <hr/> Contributor address; City; State; Zip Code Oak Ridge, TN 37830-5211	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Computing Consultant		Employer (See Instructions) Self Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worley, Patrick <hr/> Contributor address; City; State; Zip Code Oak Ridge, TN 37830-5211	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Computing Consultant		Employer (See Instructions) Self Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worley, Patrick <hr/> Contributor address; City; State; Zip Code Oak Ridge, TN 37830-5211	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Computing Consultant		Employer (See Instructions) Self Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worley, Patrick <hr/> Contributor address; City; State; Zip Code Oak Ridge, TN 37830-5211	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Computing Consultant		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: 1212/1229 Rpt: 1215/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/17/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worthington, Thomas <hr/> 6 Contributor address; City; State; Zip Code Salinas, CA 93908-9426	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worthington, Thomas <hr/> Contributor address; City; State; Zip Code Salinas, CA 93908-9426	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worthington, Thomas <hr/> Contributor address; City; State; Zip Code Salinas, CA 93908-9426	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worthington, Thomas <hr/> Contributor address; City; State; Zip Code Salinas, CA 93908-9426	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worthington, Thomas <hr/> Contributor address; City; State; Zip Code Salinas, CA 93908-9426	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Attorney		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: 1213/1229 Rpt: 1216/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Worthington, Thomas	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Salinas, CA 93908-9426		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Anna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Los Angeles, CA 90043-3409		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Charles R Dew University of Medicine and Science
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Anna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Los Angeles, CA 90043-3409		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Charles R Dew University of Medicine and Science
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Anna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Los Angeles, CA 90043-3409		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Charles R Dew University of Medicine and Science
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Anna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Los Angeles, CA 90043-3409		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Charles R Dew University of Medicine and Science

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1214/1229 Rpt: 1217/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Anna <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90043-3409	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Charles R Dew University of Medicine and Science
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Anna <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90043-3409	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Charles R Dew University of Medicine and Science
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Catherine <hr/> Contributor address; City; State; Zip Code Austin, TX 78727-6850	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Howard <hr/> Contributor address; City; State; Zip Code Friday Harbor, WA 98250-3422	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Howard <hr/> Contributor address; City; State; Zip Code Friday Harbor, WA 98250-3422	Amount of Contribution (\$) \$20.00
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: 1215/1229 Rpt: 1218/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Howard	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Friday Harbor, WA 98250-3422		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Howard	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Friday Harbor, WA 98250-3422		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Howard	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Friday Harbor, WA 98250-3422		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Howard	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Friday Harbor, WA 98250-3422		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Kim	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Montgomery, AL 36113-6320		
Principal occupation / Job title (See Instructions) Educational Technologist		Employer (See Instructions) US Air Force

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1216/1229 Rpt: 1219/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/07/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Kim <hr/> 6 Contributor address; City; State; Zip Code Montgomery, AL 36113-6320	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Educational Technologist		9 Employer (See Instructions) US Air Force
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Kim <hr/> Contributor address; City; State; Zip Code Montgomery, AL 36113-6320	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Educational Technologist		Employer (See Instructions) US Air Force
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Kim <hr/> Contributor address; City; State; Zip Code Montgomery, AL 36113-6320	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Educational Technologist		Employer (See Instructions) US Air Force
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Kim <hr/> Contributor address; City; State; Zip Code Montgomery, AL 36113-6320	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Educational Technologist		Employer (See Instructions) US Air Force
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wright, Kim <hr/> Contributor address; City; State; Zip Code Montgomery, AL 36113-6320	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Educational Technologist		Employer (See Instructions) US Air Force

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1217/1229 Rpt: 1220/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/11/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wulf, Jordan <hr/> 6 Contributor address; City; State; Zip Code Studio City, CA 91604-3640	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yagoda, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2348	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CommUnityCare
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yagoda, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2348	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CommUnityCare
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yagoda, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2348	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CommUnityCare
Date 10/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yagoda, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2348	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CommUnityCare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1218/1229 Rpt: 1221/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/06/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yagoda, Nicholas <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704-2348	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) CommUnityCare
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yagoda, Nicholas <hr/> Contributor address; City; State; Zip Code Austin, TX 78704-2348	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) CommUnityCare
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yasemsky, Ilene <hr/> Contributor address; City; State; Zip Code El Cerrito, CA 94530-3731	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Therapist and Social Worker		Employer (See Instructions) Self Employed
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yasemsky, Ilene <hr/> Contributor address; City; State; Zip Code El Cerrito, CA 94530-3731	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Therapist and Social Worker		Employer (See Instructions) Self Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yasemsky, Ilene <hr/> Contributor address; City; State; Zip Code El Cerrito, CA 94530-3731	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Therapist and Social Worker		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: 1219/1229 Rpt: 1222/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/16/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yasemsky, Ilene <hr/> 6 Contributor address; City; State; Zip Code El Cerrito, CA 94530-3731	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Therapist and Social Worker		9 Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yasemsky, Ilene <hr/> Contributor address; City; State; Zip Code El Cerrito, CA 94530-3731	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Therapist and Social Worker		Employer (See Instructions) Self Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yasemsky, Ilene <hr/> Contributor address; City; State; Zip Code El Cerrito, CA 94530-3731	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Therapist and Social Worker		Employer (See Instructions) Self Employed
Date 07/24/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeh, Jamie <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-2032	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Self-Employed
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeh, Jamie <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-2032	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Marketing		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: 1220/1229 Rpt: 1223/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeh, Jamie <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94109-2032	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Marketing		9 Employer (See Instructions) Self-Employed
Date 10/23/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeh, Jamie <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-2032	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Self-Employed
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeh, Jamie <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-2032	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Self-Employed
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yeh, Jamie <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94109-2032	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Self-Employed
Date 07/17/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Lloyd M. <hr/> Contributor address; City; State; Zip Code Lincolnton, GA 30817-4714	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physicist		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: 1221/1229 Rpt: 1224/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/14/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Lloyd M.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Lincolnton, GA 30817-4714	
8 Principal occupation / Job title (See Instructions) Physicist		9 Employer (See Instructions) Self Employed
Date 09/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Lloyd M.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lincolnton, GA 30817-4714	
Principal occupation / Job title (See Instructions) Physicist		Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Lloyd M.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lincolnton, GA 30817-4714	
Principal occupation / Job title (See Instructions) Physicist		Employer (See Instructions) Self Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Lloyd M.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lincolnton, GA 30817-4714	
Principal occupation / Job title (See Instructions) Physicist		Employer (See Instructions) Self Employed
Date 11/13/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Lloyd M.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Lincolnton, GA 30817-4714	
Principal occupation / Job title (See Instructions) Physicist		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: 1222/1229 Rpt: 1225/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/20/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Lloyd M.	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Lincolnton, GA 30817-4714		
8 Principal occupation / Job title (See Instructions) Physicist		9 Employer (See Instructions) Self Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Lloyd M.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Lincolnton, GA 30817-4714		
Principal occupation / Job title (See Instructions) Physicist		Employer (See Instructions) Self Employed
Date 12/18/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Lloyd M.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Lincolnton, GA 30817-4714		
Principal occupation / Job title (See Instructions) Physicist		Employer (See Instructions) Self Employed
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Marie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Cherry Hill, NJ 08034-3006		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Marie	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Cherry Hill, NJ 08034-3006		
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: 1223/1229 Rpt: 1226/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/31/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Marie <hr/> 6 Contributor address; City; State; Zip Code Cherry Hill, NJ 08034-3006	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 08/07/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Marie <hr/> Contributor address; City; State; Zip Code Cherry Hill, NJ 08034-3006	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Marie <hr/> Contributor address; City; State; Zip Code Cherry Hill, NJ 08034-3006	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Marie <hr/> Contributor address; City; State; Zip Code Cherry Hill, NJ 08034-3006	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Marie <hr/> Contributor address; City; State; Zip Code Cherry Hill, NJ 08034-3006	Amount of Contribution (\$) \$10.00
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: 1224/1229 Rpt: 1227/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/10/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Marie <hr/> 6 Contributor address; City; State; Zip Code Cherry Hill, NJ 08034-3006	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Marie <hr/> Contributor address; City; State; Zip Code Cherry Hill, NJ 08034-3006	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/06/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Marie <hr/> Contributor address; City; State; Zip Code Cherry Hill, NJ 08034-3006	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Marie <hr/> Contributor address; City; State; Zip Code Cherry Hill, NJ 08034-3006	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Marie <hr/> Contributor address; City; State; Zip Code Cherry Hill, NJ 08034-3006	Amount of Contribution (\$) \$20.00
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: 1225/1229 Rpt: 1228/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/02/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Mat <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20001-1830	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) NonProfit Association Executive		9 Employer (See Instructions) The Institute of Internal Auditors
Date 07/03/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZAHN, BARBARA <hr/> Contributor address; City; State; Zip Code Sheboygan, WI 53083-3557	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ZAHN, BARBARA <hr/> Contributor address; City; State; Zip Code Sheboygan, WI 53083-3557	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zemach-Bersin, David <hr/> Contributor address; City; State; Zip Code Doylestown, PA 18901-2970	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zemach-Bersin, David <hr/> Contributor address; City; State; Zip Code Doylestown, PA 18901-2970	Amount of Contribution (\$) \$50.00
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: 1226/1229 Rpt: 1229/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/26/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ziegler, Amy <hr/> 6 Contributor address; City; State; Zip Code University City, MO 63130-3120	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Psychotherapist		9 Employer (See Instructions) Self Employed
Date 07/10/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zinder, Tracy <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117-4331	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Growth Operations		Employer (See Instructions) True Link Financial
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zinder, Tracy <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117-4331	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Growth Operations		Employer (See Instructions) True Link Financial
Date 09/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zinder, Tracy <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117-4331	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Growth Operations		Employer (See Instructions) True Link Financial
Date 10/16/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zinder, Tracy <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117-4331	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Growth Operations		Employer (See Instructions) True Link Financial

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1227/1229 Rpt: 1230/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/13/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zinder, Tracy <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94117-4331	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Growth Operations		9 Employer (See Instructions) True Link Financial
Date 12/11/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zinder, Tracy <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94117-4331	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Growth Operations		Employer (See Instructions) True Link Financial
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ziontz, Martin <hr/> Contributor address; City; State; Zip Code Shoreline, WA 98177-2565	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Peizer and Ziontz P.S.
Date 07/31/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zyskind, John <hr/> Contributor address; City; State; Zip Code Concord, MA 01742-3923	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineering Manager		Employer (See Instructions) Oclaro Inc.
Date 08/28/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zyskind, John <hr/> Contributor address; City; State; Zip Code Concord, MA 01742-3923	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineering Manager		Employer (See Instructions) Oclaro Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1228/1229 Rpt: 1231/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/25/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zyskind, John <hr/> 6 Contributor address; City; State; Zip Code Concord, MA 01742-3923	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Engineering Manager		9 Employer (See Instructions) Oclaro Inc.
Date 10/30/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zyskind, John <hr/> Contributor address; City; State; Zip Code Concord, MA 01742-3923	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineering Manager		Employer (See Instructions) Oclaro Inc.
Date 11/27/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zyskind, John <hr/> Contributor address; City; State; Zip Code Concord, MA 01742-3923	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineering Manager		Employer (See Instructions) Oclaro Inc.
Date 12/26/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zyskind, John <hr/> Contributor address; City; State; Zip Code Concord, MA 01742-3923	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineering Manager		Employer (See Instructions) Oclaro Inc.
Date 08/14/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) hulce, thomas <hr/> Contributor address; City; State; Zip Code New York, NY 10036-1708	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Laluchien Productions Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1229/1229 Rpt: 1232/1255
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/18/2023	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) hulce, thomas <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10036-1708	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Actor		9 Employer (See Instructions) Laluchien Productions Inc
Date 10/02/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) hulce, thomas <hr/> Contributor address; City; State; Zip Code New York, NY 10036-1708	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Laluchien Productions Inc
Date 12/04/2023	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) hulce, thomas <hr/> Contributor address; City; State; Zip Code New York, NY 10036-1708	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Laluchien Productions Inc

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: 1/23 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/16/2023	5 Payee name AB Data Ltd.	
6 Amount (\$) \$1,100.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 170062 Milwaukee, WI 53217-8000	
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
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/02/2023	Payee name ActBlue Technical Services	
Amount (\$) \$175.45 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 07/03/2023	Payee name ActBlue Technical Services	
Amount (\$) \$594.20 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
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: 2/23 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
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4 Date 07/09/2023	5 Payee name ActBlue Technical Services
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6 Amount (\$) \$655.42 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
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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 07/16/2023	Payee name ActBlue Technical Services
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Amount (\$) \$691.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
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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 07/23/2023	Payee name ActBlue Technical Services
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Amount (\$) \$479.48 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
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Complete ONLY 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: 3/23 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 07/30/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$470.70 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/06/2023	Payee name ActBlue Technical Services	
Amount (\$) \$479.30 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/13/2023	Payee name ActBlue Technical Services	
Amount (\$) \$434.05 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
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: 4/23 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/20/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$421.83 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/27/2023	Payee name ActBlue Technical Services	
Amount (\$) \$5,961.11 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/03/2023	Payee name ActBlue Technical Services	
Amount (\$) \$596.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
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: 5/23 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
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4 Date 09/10/2023	5 Payee name ActBlue Technical Services
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6 Amount (\$) \$554.56 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
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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 09/17/2023	Payee name ActBlue Technical Services
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Amount (\$) \$550.64 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
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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 09/24/2023	Payee name ActBlue Technical Services
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Amount (\$) \$818.42 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
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Complete ONLY 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: 6/23 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/30/2023	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$994.78 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/01/2023	Payee name ActBlue Technical Services	
Amount (\$) \$92.58 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/08/2023	Payee name ActBlue Technical Services	
Amount (\$) \$680.08 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
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: 7/23 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
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4 Date 10/15/2023	5 Payee name ActBlue Technical Services
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6 Amount (\$) \$680.25 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
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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 10/22/2023	Payee name ActBlue Technical Services
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Amount (\$) \$531.17 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
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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 10/29/2023	Payee name ActBlue Technical Services
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Amount (\$) \$653.38 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
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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: 8/23 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
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4 Date 11/05/2023	5 Payee name ActBlue Technical Services
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6 Amount (\$) \$1,538.63	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132
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Expenditure from corporate funds

8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
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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 11/12/2023	Payee name ActBlue Technical Services
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Amount (\$) \$668.33	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
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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 11/19/2023	Payee name ActBlue Technical Services
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Amount (\$) \$828.30	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
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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: 9/23 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
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4 Date 11/26/2023	5 Payee name ActBlue Technical Services
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6 Amount (\$) \$370.86 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
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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 12/03/2023	Payee name ActBlue Technical Services
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Amount (\$) \$620.45 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
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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 12/10/2023	Payee name ActBlue Technical Services
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Amount (\$) \$140.01 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
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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: 10/23 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
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4 Date 12/17/2023	5 Payee name ActBlue Technical Services
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6 Amount (\$) \$669.57 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
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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 12/24/2023	Payee name ActBlue Technical Services
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Amount (\$) \$607.66 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Services
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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 08/16/2023	Payee name Ansolabehere, Stephen
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Amount (\$) \$1,526.98 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 164 W Newton St Unit 2 Boston, MA 02118-1203
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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 Services
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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: 11/23 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
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4 Date 10/24/2023	5 Payee name Bisognano, John
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6 Amount (\$) \$1,062.80 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 437 New York Ave NW Apt 216 Washington, DC 20001-4746
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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 Travel
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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 08/16/2023	Payee name Bumperactive.com
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Amount (\$) \$2,865.93 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5907 Burnet Rd Austin, TX 78757-3224
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Printing Shipping & Website Hosting
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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 09/06/2023	Payee name Bumperactive.com
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Amount (\$) \$188.52 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5907 Burnet Rd Austin, TX 78757-3224
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Printing 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 Printing Shipping & Website Hosting
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Complete ONLY 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: 12/23 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/05/2023	5 Payee name Burris, Alice S.	
6 Amount (\$) \$2,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 27 Angel Oaks Dr Savannah, GA 31410-3168	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/16/2023	Payee name Civis Analytics Inc	
Amount (\$) \$7,050.29 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 200 W Monroe St Ste 2200 Chicago, IL 60606-5070	
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 Data Analysis Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/29/2023	Payee name Civis Analytics Inc	
Amount (\$) \$7,050.29 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 200 W Monroe St Ste 2200 Chicago, IL 60606-5070	
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 Data Analysis Services
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 | Event Expense | Loan Repayment/Reimbursement | Solicitation/Fundraising Expense |
| Accounting/Banking | Fees | Office Overhead/Rental Expense | Transportation Equipment & Related Expense |
| Consulting Expense | Food/Beverage Expense | Polling Expense | Travel in District |
| Contributions/ Donations Made By - | Gift/Awards/Memorials Expense | Printing Expense | Travel Out of District |
| Candidate/Officeholder/Political Committee | Legal Services | Salaries/Wages/Contract Labor | OTHER (enter a category not listed above) |
| Credit Card Payment | | | |

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 13/23 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/03/2023	5 Payee name Civis Analytics Inc	
6 Amount (\$) \$7,050.29 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 200 W Monroe St Ste 2200 Chicago, IL 60606-5070	
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 Data Analysis Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/30/2023	Payee name Civis Analytics Inc	
Amount (\$) \$7,050.29 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 200 W Monroe St Ste 2200 Chicago, IL 60606-5070	
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 Data Analysis Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/23/2023	Payee name Cooper, Glen	
Amount (\$) \$3,253.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 23 W Bare Hill Rd Harvard, MA 01451-1623	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Photography Services & Travel	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Photography Services & Travel
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: 14/23 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 08/23/2023	5 Payee name Dorado, Marco	
6 Amount (\$) \$344.88 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1810 Bertha St Jacksonville, FL 32207-3469	
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 Travel
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/13/2023	Payee name Elias Law Group	
Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 250 Massachusetts Ave NW Ste 400 Washington, DC 20001-5825	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/25/2023	Payee name Elias Law Group	
Amount (\$) \$3,492.40 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 250 Massachusetts Ave NW Ste 400 Washington, DC 20001-5825	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Services
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: 15/23 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
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4 Date 08/22/2023	5 Payee name EveryAction Inc.
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6 Amount (\$) \$16,510.88 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Email & Database Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Email & Database Services
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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 08/28/2023	Payee name EveryAction Inc.
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Amount (\$) \$361.12 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Database Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database Services
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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 10/30/2023	Payee name EveryAction Inc.
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Amount (\$) \$361.11 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 655 15th St NW Ste 650 Washington, DC 20005-5738
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Database Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Database Services
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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: 16/23 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
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4 Date 11/09/2023	5 Payee name Good Fight Political Inc.
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6 Amount (\$) \$1,930.95 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 5205 Remstoy Dr Los Angeles, CA 90032-1221
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In-Kind. Text Messaging for McCaffery for Supreme Court
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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 11/24/2023	Payee name Good Fight Political Inc.
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Amount (\$) \$3,182.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5205 Remstoy Dr Los Angeles, CA 90032-1221
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In-Kind. Text Messaging for McCaffery for Supreme Court
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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 11/28/2023	Payee name Good Fight Political Inc.
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Amount (\$) \$4,973.85 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5205 Remstoy Dr Los Angeles, CA 90032-1221
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense In-Kind. Text Messaging for McCaffery for Supreme Court
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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: 17/23 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 09/06/2023	5 Payee name Jay Couturier	
6 Amount (\$) \$3,037.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 80 Elm St Woburn, MA 01801-1855	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Videography Services & Travel	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Videography Services & Travel
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/17/2023	Payee name McCaffrey for Supreme Court	
Amount (\$) \$50,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 305 Prospect Ave Unit 311 Bethlehem, PA 18018-5622	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution Made
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 09/20/2023	Payee name National Redistricting Action Fund	
Amount (\$) \$79,602.94 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 700 13th St NW Ste 800 Washington, DC 20005-5938	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Rent Consulting & Database Services & Staff Time
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: 18/23 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
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4 Date 10/04/2023	5 Payee name National Redistricting Action Fund
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6 Amount (\$) \$143,465.92 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 700 13th St NW Ste 800 Washington, DC 20005-5938
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Rent Consulting & Database Services & Staff Time
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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 10/12/2023	Payee name National Redistricting Action Fund
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Amount (\$) \$188,094.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 700 13th St NW Ste 800 Washington, DC 20005-5938
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Office Overhead/Rental 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 Rent Consulting & Database Services & Staff Time
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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 10/03/2023	Payee name Pantheon Analytics
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Amount (\$) \$1,150.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2616 38th Ave SW Seattle, WA 98126-2111
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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 Services
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Complete ONLY 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: 19/23 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/30/2023	5 Payee name Pantheon Analytics	
6 Amount (\$) \$1,150.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2616 38th Ave SW Seattle, WA 98126-2111	
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 Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/16/2023	Payee name Premier Political Compliance Inc.	
Amount (\$) \$7,597.85 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1032 15th St NW Ste 247 Washington, DC 20005-1502	
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 Compliance Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 08/22/2023	Payee name Premier Political Compliance Inc.	
Amount (\$) \$7,610.67 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1032 15th St NW Ste 247 Washington, DC 20005-1502	
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 Compliance Services
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: 20/23 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
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4 Date 10/03/2023	5 Payee name Premier Political Compliance Inc.
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6 Amount (\$) \$7,556.76 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1032 15th St NW Ste 247 Washington, DC 20005-1502
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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 Compliance Services
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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 10/30/2023	Payee name Premier Political Compliance Inc.
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Amount (\$) \$7,573.86 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1032 15th St NW Ste 247 Washington, DC 20005-1502
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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 Compliance Services
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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 08/22/2023	Payee name Rising Tide Interactive LLC
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Amount (\$) \$14,652.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 529 14th St NW Ste 709 Washington, DC 20045-1000
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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 Services
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Complete ONLY 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: 21/23 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
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4 Date 10/03/2023	5 Payee name Rising Tide Interactive LLC
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6 Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 529 14th St NW Ste 709 Washington, DC 20045-1000
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Digital Advertising
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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 10/11/2023	Payee name Rising Tide Interactive LLC
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Amount (\$) \$2,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 529 14th St NW Ste 709 Washington, DC 20045-1000
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Digital Advertising
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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 10/13/2023	Payee name Rising Tide Interactive LLC
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Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 529 14th St NW Ste 709 Washington, DC 20045-1000
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(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 Services
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Complete ONLY 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: 22/23 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
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4 Date 10/24/2023	5 Payee name Rising Tide Interactive LLC
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6 Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 529 14th St NW Ste 709 Washington, DC 20045-1000
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Advertising 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 Digital Advertising
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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 12/12/2023	Payee name Rising Tide Interactive LLC
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Amount (\$) \$7,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 529 14th St NW Ste 709 Washington, DC 20045-1000
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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 Services
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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 10/03/2023	Payee name Salesberry Group LLC
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Amount (\$) \$264.44 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2045 W Grand Ave Ste B31638 Chicago, IL 60612-1576
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Subscription & Postage	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Subscription & Postage
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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: 23/23 Rpt:	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/03/2023	5 Payee name Sprout Social	
6 Amount (\$) \$2,403.57 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 131 S Dearborn St Ste 700 Chicago, IL 60603-5569	
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 Data Analysis Services
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2023	Payee name Welch, T. Patrick	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6513 SW Janet Way Corvallis, OR 97333-9323	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/10/2023	Payee name Welch, Teresa K.	
Amount (\$) \$5,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 6513 SW Janet Way Corvallis, OR 97333-9323	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held