CORRECTION/AMENDMENT AFFIDAVIT FORM COR-PAC FOR POLITICAL COMMITTEE Filer ID (Ethics Commission Filers) 2 Total pages filed: **OFFICE USE ONLY** 00088737 11 Date Received COMMITTEE Lead Locally PAC **ELECTRONICALLY FILED** NAME 07/15/2024 TREASURER Stanger, Howie NAME Date Hand-delivered or Date Postmarked **ORIGINAL** January 15 Runoff REPORT TYPE Receipt # Amount July 15 10th day after campaign treasurer resignation 30th day before election Dissolution report Date Processed 8th day before election Other (specify) ORIGINAL PERIOD Month Day Year Month Day Year Date Imaged **COVERED THROUGH** 04/25/2024 06/30/2024 **EXPLANATION OF CORRECTION** The previous version of this report was submitted in error. Please disregard. 8 AFFIDAVIT I swear, or affirm, under penalty of perjury, that this corrected report is true and correct. Check the box next to any and all applicable statements: Semiannual reports: I swear or affirm, that the original report was made in good faith and without an intent to mislead or to misrepresent the information contained in the report. Other reports: I swear, or affirm, that I am filing this corrected report not later than the 14th business day after the date I learned that the report as originally filed is inaccurate or incomplete. I swear, or affirm, that any error or omission in the report as originally filed was made in good faith. Howie Stanger Signature of Campaign Treasurer AFFIX NOTARY STAMP / SEAL ABOVE Sworn to and subscribed before me, by the said ____, this the ____ _____, 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 Remember To Attach Any Part Of The Campaign Finance Report Form **Needed To Report And Explain Corrections**

FORM GPAC GENERAL-PURPOSE COMMITTEE **CAMPAIGN FINANCE REPORT COVER SHEET PG 1** Filer ID 2 Total pages filed: The GPAC Instruction Guide explains how to complete this form. (Ethics Commission Filers) 00088737 3 COMMITTEE NAME **OFFICE USE ONLY** Lead Locally PAC Date Received **ELECTRONICALLY FILED** 07/15/2024 4 COMMITTEE ADDRESS / PO BOX; APT / SUITE #; CITY; STATE: ZIP CODE **ADDRESS** 1110 N. Virgil Ave #375 Date Hand-delivered or Date Postmarked Change of Address Los Angeles, CA 90029 Amount Receipt # Date Processed Date Imaged CAMPAIGN MS / MRS / MR FIRST MI **TREASURER** Howie NAME NICKNAME LAST **SUFFIX** Stanger STREET ADDRESS (NO PO BOX PLEASE); ZIP CODE CAMPAIGN APT / SUITE #; CITY; STATE; **TREASURER** 1110 N. Virgil Ave. #375 STREET **ADDRESS** (Residence or Business) Los Angeles, CA 90029 **CAMPAIGN** STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE **TREASURER** 1110 N. Virgil Ave. #375 MAILING **ADDRESS** Los Angeles, CA 90029 Change of Address **CAMPAIGN** AREA CODE PHONE NUMBER **EXTENSION TREASURER** (310) 929-0276 PHONE REPORT January 15 30th day before election Dissolution (Attach PAC-DR) **TYPE** 8th day before election 10th day after campaign treasurer July 15 Х Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 04/25/2024 06/30/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Other Runoff 05/04/2024 χ General Special **GO TO PAGE 2**

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

| 12 COMMITTEE NAME | | | | 13 Filer ID | (Ethics Commission Filers) |
|---|---|-----------------------------|--|-----------------|----------------------------|
| Lead Locallly PAC | | | | 00088737 | |
| 14 COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Andres Rios Brownsville Navig Place 3 | gation District | Board of Commissioners, |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | |
| | Measures (Describe by date and location of election and nature of issue.) | A. Supported B. Opposed | | | |
| | | | | | |
| | Officeholders Assisted (Identify by name or, if applicable, classify by party.) | | | | |
| 15 CONTRIBUTION TOTALS | PLEDGES, LOANS, CONTRIBUTIONS M | OR GUARANTE IADE ELECTRO | | \$ | 0.00 |
| | 2. TOTAL POLITICA (OTHER THAN PLE | | TIONS , OR GUARANTEES OF LOANS) | \$ | 5,999.25 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED | D POLITICAL EX | KPENDITURES | \$ | 0.00 |
| | 4. TOTAL POLITICA | L EXPENDIT | JRES | \$ | 5,999.25 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL (OF THE REPORTIN | | NS MAINTAINED AS OF THE LAST | DAY \$ | 0.00 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL LAST DAY OF THE | | LL OUTSTANDING LOANS AS OF T ERIOD | THE \$ | 0.00 |
| 16 AFFIDAVIT | | | | | |
| | | tr | swear, or affirm, under penalty of pe ue and correct and includes all inform nder Title 15, Election Code. | | |
| | | | Howie | Stanger | |
| | | _ | Signature of Car | mpaign Treasu | rer |
| AFFIX NOTAR | Y STAMP / SEAL ABOVE | | | | |
| Sworn to and subscribe | d before me, by the said _ | | , th | nis the | day |
| | , 20, to certify | | | | - |
| | | | | | |
| Signature of officer a | dministering oath | Printed name o | f officer administering oath | Title of office | cer administering oath |

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

| | | | | | | Page 4 of 11 |
|---|--|--------------|-----------------------------------|-----------------------------|------------------|----------------------------|
| 12 COMMITTEE NAME | | | | | 13 Filer ID | (Ethics Commission Filers) |
| Lead Locallly PAC | | | | | 00088737 | |
| 14 COMMITTEE ACTIVITY | 1. Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Josette Cruz Hir Commissioners | nojosa Brownsv , Place 5 | ille Navigation | District Board of |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 2. Measures (Describe by date and location of election and nature of issue.) | A. Supported | | | | |
| | | B. Opposed | | | | |
| | Officeholders Assisted | | | | | |
| | (Identify by name or, if applicable, classify by party.) | | | | | |
| COMMITTEE ACTIVITY | Candidates (Identify by name or, if applicable, classify by party.) | A. Supported | Patrick Everett Place 1 | Brownsville Nav | igation District | Board of Commissioners, |
| (Attach lists on plain paper to complete this report if necessary.) | | B. Opposed | | | | |
| | 2. Measures | A. Supported | | | | |
| | (Describe by date and location of election and nature of issue.) | | | | | |
| | | B. Opposed | | | | |
| | Officeholders Assisted | | | | | |
| | (Identify by name or, if applicable, classify by party.) | | | | | |
| | | | | | | |
| | | | | | | |

SUBTOTALS - GPAC

FORM GPAC COVER SHEET PG 3 5 of 11

| | | | | 5 of 11 |
|-----------|---|-----------------|---------------|---------------|
| L7 COMMIT | TEE NAME | 18 Filer ID | (Ethics Commi | ssion Filers) |
| Lead Lo | callly PAC | 00088737 | | |
| | LE SUBTOTALS = SCHEDULE | | SUBTOTA | AL AMOUNT |
| 1. X | SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS | | \$ | 5,999.25 |
| 2. X | SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS | | \$ | 0.00 |
| 3. X | SCHEDULE B: PLEDGED CONTRIBUTIONS | | \$ | 0.00 |
| 4. | SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR L ORGANIZATION | ABOR | \$ | |
| 5. | SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORP LABOR ORGANIZATION | ORATION OR | \$ | |
| 6. | SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR (| DRGANIZATION | \$ | |
| 7. | SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LAW ORGANIZATION | BOR | \$ | |
| 8. | SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LAB | OR ORGANIZATION | \$ | |
| 9. X | SCHEDULE E: LOANS | | \$ | 0.00 |
| 10. X | SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUT | IONS | \$ | 5,999.25 |
| 11. X | SCHEDULE F2: UNPAID INCURRED OBLIGATIONS | | \$ | 0.00 |
| 12. X | SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIB | BUTIONS | \$ | 0.00 |
| 13. X | SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD | | \$ | 0.00 |
| 14. | SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIB | UTIONS | \$ | |
| 15. | SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIO TO FILER | NS RETURNED | \$ | |

| FARY POLITICAL CONTRIBI | UTIONS | SCHEDULE A1 |
|---|--|---|
| ıction Guide explains how to complete | this form. | 1 Total pages Schedule A1: Sch: 1/1 Rpt: 6/11 |
| E ly PAC | | 3 Filer ID (Ethics Commission Filers) 00088737 |
| 5 Full name of contributor out-of-state PA Lead Locally PAC 6 Contributor address; City; State; Zip Code | AC (ID#:) | 7 Amount of Contribution (\$) \$5,999.25 |
| Los Angeles, CA 90029 | | |
| upation / Job title (See Instructions) | 9 Employer (See Instruction | ns) |
| | | |
| | y PAC 5 Full name of contributor out-of-state PAC Lead Locally PAC 6 Contributor address; City; State; Zip Code | y PAC 5 Full name of contributor out-of-state PAC (ID#:) Lead Locally PAC 6 Contributor address; City; State; Zip Code Los Angeles, CA 90029 |

| PLEDGED CONTRIBUTIONS | | | SCHEDULE | В |
|--|-------|--|-------------------------------------|---------|
| The Instruction Guide explains how to complete this form. | | Total pages Schedu Sch: 1/1 Rpt: 7/12 | | |
| 2 FILER NAME : Lead Locallly PAC | 3 | | s Commission Filers) | |
| TOTAL OF UNITEMIZED PLEDGES | | \$ | - | 0.00 |
| 5 Date 6 Full name of pledgorout-of-state PAC (ID#:) 7 Pledgor Address; City; State; Zip Code | 8 | Amount of pledge (\$) | In-kind description (If applicable) | |
| Thought Address, State, Expedies | _ | Chook if traval outside | e of Texas. Complete Scher | dulo T |
| 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instruc | L | | e of Texas. Complete Schel | aule 1. |
| 10 Principal occupation / Job title (See Instructions) 11 Employer (See Instruc | CTIOI | ns) | | |
| | | | | |

| l | LOANS | | | | | s | CHEDULE E |
|-------------|--|---------------------------------|----------------------|------------------------------|----------|--|---------------------------|
| - | The Instruction | on Guide explains ho | w to complete this f | orm. | | otal pages Schedu ch: 1/1 Rpt: 8/1: | |
| | FILER NAME Lead Locallly PA | AC | | | | er ID (Ethics Co | ommission Filers) |
| 4 _ | TOTAL OF UN | IITEMIZED LOANS | | | | \$ | 0.00 |
| 5 [| Date of loan | 7 Name of lender | out-of-state PA | C (ID#: | |) 9 Loan A | mount (\$) |
| f | s lender a financial nstitution? | 8 Lender address; | City; State; | Zip Code | | 10 Interest | |
| | | | | | | 11 Maturity | y Date |
| 12 F | Principal occupation | on / Job title (See Instruction | ns) | 13 Employer (See Instruction | ns) | • | |
| 14 [| Description of Coll None | ateral | | 15 Check if personal funds | were dep | | al account structions) |
| | GUARANTOR NFORMATION | 17 Name of guarantor | | L | | 19 Amoun | t Guaranteed (\$) |
| [| not applicable | 18 Guarantor address; | City; State; | Zip Code | | | |
| 20 F | Principal occupation | on | | 21 Employer (See Instruction | ns) | | |
| | | | | | | | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| Candidate/Officenoider/Politica Credit Card Payment | The Instruction Guide explains how to complete this form. |
|---|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 1/3 Rpt: 9/11 | Lead Locallly PAC 00088737 |
| 4 Date | 5 Payee name |
| 05/03/2024 | Tides Advocacy |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$895.37 | 1014 Torney Ave |
| | |
| Expenditure from corporate funds | San Francisco, CA 94129 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | Candidate/Officeholder/Political Committee |
| | & Text |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | |
| Date | Payee name |
| 05/03/2024 | Tides Advocacy |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$218.18 | 1014 Torney Ave |
| Expenditure from | |
| corporate funds | San Francisco, CA 94129 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| EXPENDITORL | Candidate/Officeholder/Political Committee |
| | In-Kind Contribution Made for Email List Rental |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| CAPORIGINA TO BORION C.C. | Rios, Andres (Officer) Brownsville Navigation District None |
| Date | Payee name |
| 05/03/2024 | Tides Advocacy |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$886.20 | 1014 Torney Ave |
| | |
| Expenditure from corporate funds | San Francisco, CA 94129 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| EXPENDITORL | Candidate/Officeholder/Political Committee |
| | In-Kind Contribution Made for Staff Time |
| | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OH | Candidate/Officeholder name Office sought Office held |
| experience to benefit 6/6/ | Rios, Andres Brownsville Navigation District None |
| | |
| | |

POLITICAL EXPENDITURES FROM POLITICAL **CONTRIBUTIONS**

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a) Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made By Event Expense Fees

Food/Beverage Expense Gift/Awards/Memorials Expense

Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense
Printing Expense

Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District
Travel Out of District

| Candidate/Officeholder/Politica Credit Card Payment | Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. |
|--|---|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) |
| Sch: 2/3 Rpt: 10/11 | Lead Locallly PAC 00088737 |
| 4 Date | 5 Payee name |
| 05/03/2024 | Tides Advocacy |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code |
| \$895.37 | 1014 Torney Ave |
| - " | |
| Expenditure from corporate funds | San Francisco, CA 94129 |
| 8 PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | Candidate/Officeholder/Political Committee |
| | & Text |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | H Everett, Patrick Brownsville Navigation District None |
| Date | Payee name |
| 05/03/2024 | Tides Advocacy |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$218.18 | 1014 Torney Ave |
| Expenditure from | |
| corporate funds | San Francisco, CA 94129 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By |
| _// | Candidate/Officeholder/Political Committee |
| | In-Kind Contribution Made for Email List Rental |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/O | |
| | Everen, Fauton |
| Date | Payee name |
| 05/03/2024 | Tides Advocacy |
| Amount (\$) | Payee address; City; State; Zip Code |
| \$886.20 | 1014 Torney Ave |
| - Evnanditura from | |
| Expenditure from corporate funds | San Francisco, CA 94129 |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description |
| OF EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. |
| | Candidate/Officeholder/Political Committee |
| | INFINITE CONTINUE TO STAIL TIME |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held |
| expenditure to benefit C/OI | y |
| | <u>-</u> |
| | |
| | |

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 Committ

Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expense Legal Services Loan Repayment/Reimbursement Office Overhead/Rental Expense Polling Expense Printing Expense Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District

| Candidate/Officeholder/Politica Credit Card Payment | I Committee Legal Services Salaries/Wages/Contract Labor OTHER (enter a category not listed above) The Instruction Guide explains how to complete this form. | | |
|---|---|--|--|
| 1 Total pages Schedule F1: | 2 FILER NAME 3 Filer ID (Ethics Commission Filers) | | |
| Sch: 3/3 Rpt: 11/11 | Lead Locallly PAC 00088737 | | |
| 4 Date | 5 Payee name | | |
| 05/03/2024 | Tides Advocacy | | |
| 6 Amount (\$) | 7 Payee address; City; State; Zip Code | | |
| \$886.21 | 1014 Torney Ave | | |
| | | | |
| Expenditure from corporate funds | San Francisco, CA 94129 | | |
| 8 PURPOSE OF | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| EXPENDITURE | Contributions/Donations Made By Check if travel outside of Texas. Complete Schedule T. Check if travel outside of Texas. Complete Schedule T. | | |
| | Candidate/Officeholder/Political Committee | | |
| | III-Mild Contribution Made for Staff Time | | |
| 9 Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| expenditure to benefit C/O | | | |
| | | | |
| Date | Payee name | | |
| 05/03/2024 | Tides Advocacy | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$218.18 | 1014 Torney Ave | | |
| Evnanditura from | | | |
| Expenditure from corporate funds | San Francisco, CA 94129 | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| OF EXPENDITURE | Contributions/Donations Made By | | |
| | Candidate/Officeholder/Political Committee | | |
| | In-Kind Contribution Made for Email List Rental | | |
| Complete ONLY if direct | Candidate/Officeholder name Office sought Office held | | |
| expenditure to benefit C/O | | | |
| | Cruz Fililojosa, Josette Brownsville Navigation District None | | |
| Date | Payee name | | |
| 05/03/2024 | Tides Advocacy | | |
| Amount (\$) | Payee address; City; State; Zip Code | | |
| \$895.36 | 1014 Torney Ave | | |
| Expenditure from | | | |
| corporate funds | San Francisco, CA 94129 | | |
| PURPOSE | (a) Category (See Categories listed at the top of this schedule) (b) Description | | |
| OF EXPENDITURE | Contributions/Donations Made By | | |
| EXPENDITURE | Candidate/Officeholder/Political Committee | | |
| | In-Kind Contribution Made for Voter Contact - Phone & Text | | |
| | | | |
| Complete <u>ONLY</u> if direct expenditure to benefit C/OI | Candidate/Officeholder name Office sought Office held | | |
| expenditure to benefit C/OH Cruz Hinojosa, Josette Brownsville Navigation District None | | | |
| | | | |
| | | | |