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** 10/07/2024 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) X **TYPE** 8th day before election 10th day after campaign treasurer July 15 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 07/01/2024 09/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Other Runoff 11/05/2024 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 Isabel Araiza Mayor, Corpus C	Christi	
(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	D POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR IADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,385.00
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	D POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	2,385.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL (OF THE REPORTIN	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	0.00
OUTSTANDING LOAN TOTALS	l .	AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	l		l	
		I swear, or affirm, under penalty of petrue and correct and includes all inforrunder Title 15, Election Code.		
		Howie	Stanger	
		Signature of Car	mpaign Treasurer	
AFFIX NOTAF	RY STAMP / SEAL ABOVE			
Sworn to and subscribe	ed before me, by the said _	, tr	nis the	day
		which, witness my hand and seal of office.		
Signature of officer a	administering oath	Printed name of officer administering oath	Title of officer	administering oath

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC **ADDENDUM**

								Page 3 of 8
12 COMMITTEE NAME						13 Filer ID	(Eth	ics Commission Filers)
Lead Locallly PAC						00088737	7	
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed	Jim Klein	City Council	At-Large,	Corpus Chris	sti	
report if necessary.)	2. Measures	A. Supported						
	(Describe by date and location of election and nature of issue.)	D. Opposed						
		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	Eli McKay	City Counci	l District 1	, Corpus Chr	risti	
(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	Sylvia Car	npos City Co	ouncil Dist	trict 2, Corpus	s Chris	sti
(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.)							
	applicable, classify by party.)							

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC ADDENDUM

					Page 4 of 8
12 COMMITTEE NAME				13 Filer ID	(Ethics Commission Filers)
Lead Locallly PAC				00088737	
14 COMMITTEE ACTIVITY (Attach lists on plain	Candidates (Identify by name or, if applicable, classify by party.)	A. Supported B. Opposed	Jennifer Gracia City Council At	-Large, Corpus	Christi
paper to complete this report if necessary.)	0. Management	A. Compared			
	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.)		Eric Magnusson IV City Counc	il District 4, Cor	pus Christi
(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			
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)				

SUBTOTALS - GPAC

FORM **GPAC**COVER SHEET PG 3

					5 of 8
17 COMM Lead L		EE NAME IIIIy PAC	18 Filer ID 00088737	(Ethics Commiss	sion Filers)
		E SUBTOTALS SCHEDULE		SUBTOTAI	L AMOUNT
1.	X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$	2,385.00
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$	
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$	
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$	
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORALABOR ORGANIZATION	ATION OR	\$	
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$	
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$	
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$	
9.		SCHEDULE E: LOANS		\$	
10.	X	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	S	\$	2,385.00
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$	
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$	
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS IT TO FILER	RETURNED	\$	
I					

Lead Locallly PAC 4 Date	MONET	ARY POLITICAL CONTRIBU	SCHEDULE A1	
Lead Locally PAC 4 Date	The Instru	ction Guide explains how to complete th		
09/03/2024 Green Advocacy Project \$2 6 Contributor address; City; State; Zip Code Washington, DC 20011				3 Filer ID (Ethics Commission Filers)
	Date 5 Full name of contributor out-of-state PAC (ID#:) 09/03/2024 Green Advocacy Project			7 Amount of Contribution (\$) \$2,385
Finicipal occupation / Job line (see instructions) Finicipal occupation / Job line (see instructions) Finicipal occupation / Job line (see instructions)	 Dringing Loop	I .	0 Employer (See Instruction	

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

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

	Credit Card Payment	The Instruction Guide expla		mplete this form.	OTTLIV (cincir)	a category not listed above)
1	Total pages Schedule F1:				3 Filer ID	(Ethics Commission Filers)
-	Sch: 1/2 Rpt: 7/8	Lead Locallly PAC			00088737	(_a
4	Date	5 Payee name		•		
	09/03/2024	Good Works Matters				
6	Amount (\$)	7 Payee address; City; S	tate; Zip Co	ode		
	\$2,385.00	4845 Pearl East Cir				
		Ste 118 PMB 28822				
	Expenditure from corporate funds	Boulder, CO 80301				
8	PURPOSE OF	(a) Category (See Categories listed at the top of thi	s schedule)	(b) Description		
	EXPENDITURE	Salaries/Wages/Contract Labor		l =	outside of Texas. Cor	
				Canvassing	, TX, officeholder livin	ig expense
				Carryassing		
9	Complete ONLY if direct	Candidate/Officeholder name	Office sou	<u>I </u>	Office h	eld
	expenditure to benefit C/OI	H Klein, Jim	City Cou	ncil At-Large, Cor _l	pus City Co	ouncil At-Large, Corpus
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City; S	tate; Zip Co	ode		
	Expenditure from corporate funds					
	PURPOSE OF	(a) Category (See Categories listed at the top of thi	s schedule)	(b) Description		
	EXPENDITURE			I -	outside of Texas. Cor , TX, officeholder livin	
				Check if Adstill,	, 17, onicendider livin	ig expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	ıght	Office h	eld
	expenditure to benefit C/OI	[†] Araiza, Isabel	Mayor, C	Corpus Christi	None	
	Date	Payee name				
		(see previous)				
	Amount (\$)	Payee address; City; S	tate; Zip Co	ode		
	, ,					
	Expenditure from corporate funds					
	PURPOSE	(a) Category (See Categories listed at the top of thi	s schedule)	(b) Description		
	OF EXPENDITURE			l =	outside of Texas. Cor	
				Check if Austin,	, TX, officeholder livin	ig expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sou	<u> </u> ight	Office h	eld
	expenditure to benefit C/O			ncil District 4, Cor		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By Candidate/Officeholder/Political Committee

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

EXPENDITURE CATEGORIES FOR BOX 8(a)

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		Salaries/Wages/Contract Labor kplains how to complete this form.	OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2 FILER NAME		3 Filer ID (Ethics Commission Filers)
	Sch: 2/2 Rpt: 8/8	Lead Locallly PAC		00088737
4	Date	5 Payee name		
		(see previous)		
6	Amount (\$)	7 Payee address; City;	State; Zip Code	
-	(4)			
_	T Expenditure from			
L	corporate funds			
8	PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b) Description	
	OF			outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin	, TX, officeholder living expense
9	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/OI	^I McKay, Eli	City Council District 1, Cor	pus None
	Date	Para a same		
	Dale	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City;	State; Zip Code	
Г	Expenditure from corporate funds			
			la»	
	PURPOSE OF	(a) Category (See Categories listed at the top of	· I —	autoida af Taura - Carrentata Cabadula T
	EXPENDITURE		 	outside of Texas. Complete Schedule T. , TX, officeholder living expense
			Gricok ii 7 tusuii	, 174, ombendaer hving expense
	Operation ONLY if all and	O and index of Office the Index of some	Office and the	Office heald
	Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name	Office sought	Office held
	- Composition to Bostonic Cycle	¹ Campos, Sylvia	City Council District 2, Cor	pus City Council District 2, Corpus
	Date	Payee name		
		(see previous)		
	Amount (\$)	Payee address; City;	State; Zip Code	
	γ unount (φ)	r ayee address, Sity,	State, Lip Code	
_	T Expenditure from			
	corporate funds			
	PURPOSE	(a) Category (See Categories listed at the top of	of this schedule) (b) Description	
	OF EXPENDITURE		Check if travel	outside of Texas. Complete Schedule T.
	EXPENDITURE		Check if Austin	, TX, officeholder living expense
	Complete ONLY if direct	Candidate/Officeholder name	Office sought	Office held
	expenditure to benefit C/O	Gracia, Jennifer	City Council At-Large, Cor	pus None
				-
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