

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM DCE
COVER SHEET PG 1

The DCE Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00089068	2 Total pages filed: 6	
3 FILER NAME	MS / MRS / MR	FIRST	MI	OFFICE USE ONLY Date Received ELECTRONICALLY FILED 10/28/2024 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged
	NICKNAME		SUFFIX	
		Mijente PAC		
4 FILER ADDRESS	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE			
	1110 N Virgil Ave #375 Los Angeles, CA 90029			
<input type="checkbox"/> Change of Address				
5 FILER PHONE	AREA CODE	PHONE NUMBER	EXTENSION	
(310) 929-0276				
6 REPORT TYPE	<input type="checkbox"/> January 15	<input type="checkbox"/> 30th day before election		
	<input type="checkbox"/> July 15	<input checked="" type="checkbox"/> 8th day before election		
		<input type="checkbox"/> Runoff		
7 PERIOD COVERED	Month Day Year	THROUGH	Month Day Year	
09/27/2024			10/26/2024	
8 ELECTION	ELECTION DATE		ELECTION TYPE	
	Month Day Year		<input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	
9 FILER 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 Kristian Carranza State Representative	
			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.)			
	GO TO PAGE 2			

**DIRECT CAMPAIGN EXPENDITURES
CAMPAIGN FINANCE REPORT**

**FORM DCE
COVER SHEET PG 2**

10 FILER NAME Mijente PAC		11 Filer ID (Ethics Commission Filers) 00089068
12 EXPENDITURE TOTALS	1. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	2. TOTAL POLITICAL EXPENDITURES	\$ 201,010.00

13 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.

Signature of Filer
or
Signature of individual with authority to sign on behalf of entity
(only if Filer is an entity)

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

DIRECT CAMPAIGN EXPENDITURES CAMPAIGN FINANCE REPORT

FORM **DCE**
ADDENDUM

Page 3 of 6

10 FILER NAME Mijente PAC		11 Filer ID (Ethics Commission Filers) 00089068
12 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 Laurel Jordan Swift State Representative
		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 - DCE

FORM DCE
COVER SHEET PG 3
4 of 6

14 FILER NAME Mijente PAC		15 Filer ID (Ethics Commission Filers) 00089068
16 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES	\$ 201,010.00
2.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
3.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$

POLITICAL EXPENDITURES

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: 1/2 Rpt: 5/6	2 FILER NAME Mijente PAC	3 Filer ID (Ethics Commission Filers) 00089068
4 Date 10/11/2024	5 Payee name Strother Nuckels Strategies	
6 Amount (\$) \$35,348.00	7 Payee address; City; State; Zip Code 712 H Street NE #768 Washington, DC 20002	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
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. TV, Radio, and Digital Advertising
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Jordan Swift, Laurel	Office sought State Representative District 121
		Office held None
Date	Payee name (see previous)	
Amount (\$)	Payee address; City; State; Zip Code	
<input type="checkbox"/> Expenditure from corporate funds		
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Carranza, Kristian	Office sought State Representative District 118
		Office held None
Date 10/17/2024	Payee name Strother Nuckels Strategies	
Amount (\$) \$82,956.00	Payee address; City; State; Zip Code 712 H Street NE #768 Washington, DC 20002	
<input checked="" type="checkbox"/> Expenditure from corporate funds		
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. TV, Radio, and Digital Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Jordan Swift, Laurel	Office sought State Representative District 121
		Office held None

POLITICAL EXPENDITURES

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: 2/2 Rpt: 6/6	2 FILER NAME Mijente PAC	3 Filer ID (Ethics Commission Filers) 00089068
4 Date	5 Payee name (see previous)	
6 Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Carranza, Kristian	Office sought State Representative District 118 Office held None
Date 10/24/2024	Payee name Strother Nuckels Strategies	
Amount (\$) \$82,706.00 <input checked="" type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 712 H Street NE #768 Washington, DC 20002	
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. TV, Radio, and Digital Advertising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Jordan Swift, Laurel	Office sought State Representative District 121 Office held None
Date	Payee name (see previous)	
Amount (\$) <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T.
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name Carranza, Kristian	Office sought State Representative District 118 Office held None