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** 10/28/2024 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 Runoff 10 PERIOD Year Month Day Year Day Month **COVERED THROUGH** 09/27/2024 10/26/2024 11 ELECTION **ELECTION DATE ELECTION TYPE** Month Day Year Primary Runoff Other 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			000887	37
ACTIVITY (Ident	Candidates tify by name or, if cable, classify by party.)	A. Supported Isabel Ariaza Mayor, Corpus	Christi	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
(Desc	Measures cribe by date and location ection and nature of issue.)	A. Supported		
		B. Opposed		
(Ideni	Officeholders Assisted tify by name or, if cable, classify by party.)			
TOTALS	PLEDGES, LOANS, (CONTRIBUTIONS M.	POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold	\$	0.00
		L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,548.73
EXPENDITURE 3. 1	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES			0.00
4. 7	TOTAL POLITICAI	L EXPENDITURES	\$	2,548.73
I	TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST B PERIOD	T DAY \$	0.00
		MOUNT OF ALL OUTSTANDING LOANS AS OF REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT				
		I swear, or affirm, under penalty of p true and correct and includes all info under Title 15, Election Code.		
		Howie	e Stanger	
		Signature of C	ampaign Trea	asurer
AFFIX NOTARY STAI	MP / SEAL ABOVE			
Sworn to and subscribed before	re me, by the said	,	this the	day
		which, witness my hand and seal of office.		
Signature of officer adminis	stering oath	Printed name of officer administering oath	Title of o	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 COMMITTE Lead Loca		18 Filer ID 00088737	(Ethics Commission Filers)
19 SCHEDULE NAME OF S	E SUBTOTALS SCHEDULE		SUBTOTAL AMOUNT
1. X	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS		\$ 2,548.73
2.	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.	SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABOURGANIZATION)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 CONTRIBUTION	S	\$ 2,548.73
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	ONS	\$
15.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS TO FILER	RETURNED	\$

ETARY POLITICAL CONTRIE	SCHEDULE A1
struction Guide explains how to complet	e this form. 1 Total pages Schedule A1: Sch: 1/1 Rpt: 6/8
AME callly PAC	3 Filer ID (Ethics Commission Filers) 00088737
5 Full name of contributor out-of-state of Green Advocacy Project 6 Contributor address; City; State; Zip Code	PAC (ID#:) 7 Amount of Contribution (\$) \$2,548.73
Washington, DC 20011	
occupation / Job title (See Instructions)	9 Employer (See Instructions)
()	5 Full name of contributor out-of-state F Green Advocacy Project 6 Contributor address; City; State; Zip Code Washington, DC 20011

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 Legal Services

EXPENDITURE CATEGORIES FOR BOX 8(a)

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

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

Credit Card Payment	The Instruction Guide explains how to c	omplete this form.
1 Total pages Schedule F1: Sch: 1/2 Rpt: 7/8	FILER NAME Lead Locallly PAC	3 Filer ID (Ethics Commission Filers) 00088737
4 Date 09/30/2024	5 Payee name Good Works Matters	- Coccord
6 Amount (\$) \$2,548.73 X Expenditure from corporate funds 8 PURPOSE OF EXPENDITURE	7 Payee address; City; State; Zip C 4845 Pearl East Cir Ste 118 PMB 28822 Boulder, CO 80301 (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense Canvassing & Phone Banking
Complete ONLY if direct expenditure to benefit C/OF	Candidate/Officeholder name Office so Ariaza, Isabel Mayor, 6	ught Office held Corpus Christi None
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds PURPOSE OF EXPENDITURE	Payee address; City; State; Zip C (a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete <u>ONLY</u> if direct expenditure to benefit C/Oł	Candidate/Officeholder name Office so Klein, Jim City Cou	ught Office held uncil At-Large, Corpus City Council At-Large, Corpus
Date	Payee name (see previous)	
Amount (\$) Expenditure from corporate funds	Payee address; City; State; Zip C	ode
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense
Complete ONLY if direct expenditure to benefit C/O	Candidate/Officeholder name Office so Magnusson IV, Eric City Cou	ught Office held uncil District 4, Corpus None

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 - Ocumelata 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 a second	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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