

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) 00084821	2 Total pages filed: 390
3 COMMITTEE NAME Rideshare 2 Vote		OFFICE USE ONLY	
		Date Received ELECTRONICALLY FILED 01/09/2025	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 803648 DALLAS, TX 75380		
	Date Hand-delivered or Date Postmarked		
	Receipt #	Amount	
	Date Processed		
		Date Imaged	
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST Ms. Paola	MI	
	NICKNAME LAST SUFFIX Kovich		
6 CAMPAIGN TREASURER STREET ADDRESS <small>(Residence or Business)</small>	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4808 Haverwood Lane Apt. 435 Dallas, TX 75287		
	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 803648 Dallas, TX 75380		
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	AREA CODE PHONE NUMBER EXTENSION (214) 364-3570		
	9 REPORT TYPE <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year 10/27/2024	THROUGH	Month Day Year 12/31/2024
11 ELECTION	ELECTION DATE Month Day Year 11/05/2024	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input checked="" type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Rideshare 2 Vote	13 Filer ID (Ethics Commission Filers) 00084821
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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	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 125,771.91
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 12,630.41
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 484,248.32
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.

Ms. Paola Kovich

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 Rideshare 2 Vote		18 Filer ID 00084821	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS			SUBTOTAL AMOUNT
NAME OF SCHEDULE			
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	125,771.91
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	\$	12,630.41
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 checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	1,056.42

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/380 Rpt: 4/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aberg, Robert <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75208	7 Amount of Contribution (\$) \$20.24
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aberg, Robert <hr/> Contributor address; City; State; Zip Code Dallas, TX 75208	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Achey, Michael <hr/> Contributor address; City; State; Zip Code North Easton, MA 02356	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) md		Employer (See Instructions) compass medical
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Achey, Michael <hr/> Contributor address; City; State; Zip Code North Easton, MA 02356	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) md		Employer (See Instructions) compass medical
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Achey, Michael <hr/> Contributor address; City; State; Zip Code North Easton, MA 02356	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) md		Employer (See Instructions) compass medical

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/380 Rpt: 5/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ackerman, Sandra	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Durham, NC 27701		
8 Principal occupation / Job title (See Instructions) writer		9 Employer (See Instructions) self
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ackerman, Sandra	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Durham, NC 27701		
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions) self
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Lenora	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Warrensville Hts, OH 44128		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Leonard	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Deerfield, IL 60015		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Leonard	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Deerfield, IL 60015		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/380 Rpt: 6/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adams, Roberta <hr/> 6 Contributor address; City; State; Zip Code Olympia, WA 98508	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adinoff, Bryon <hr/> Contributor address; City; State; Zip Code Denver, CO 80209	Amount of Contribution (\$) \$200.48
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) self
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adolf, Jurine <hr/> Contributor address; City; State; Zip Code League City, TX 77573	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) KBR
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguilar, Lorraine <hr/> Contributor address; City; State; Zip Code Sea Cliff, NY 11579	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) YOGA FLOW STUDIO
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aguirre, Sherra <hr/> Contributor address; City; State; Zip Code Houston, TX 77004	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Allegiance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/380 Rpt: 7/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanen, Dennis <hr/> 6 Contributor address; City; State; Zip Code Roseville, MN 55113	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albert, Paul <hr/> Contributor address; City; State; Zip Code akron, OH 44333	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albritton, Mary <hr/> Contributor address; City; State; Zip Code Sarasota, FL 34235	Amount of Contribution (\$) \$20.23
Principal occupation / Job title (See Instructions) Comptroller		Employer (See Instructions) Your Farm and Garden
Date 12/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albritton, Mary <hr/> Contributor address; City; State; Zip Code Sarasota, FL 34235	Amount of Contribution (\$) \$20.23
Principal occupation / Job title (See Instructions) Comptroller		Employer (See Instructions) Your Farm and Garden
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allard, Edward <hr/> Contributor address; City; State; Zip Code Berwyn, IL 60402	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Bunge

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/380 Rpt: 8/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Bonnie	7 Amount of Contribution (\$) \$124.00
	6 Contributor address; City; State; Zip Code Petaluma, CA 94952	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Caryn	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Forest Hills, NY 11375	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Caryn	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Forest Hills, NY 11375	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, Linda	Amount of Contribution (\$) \$24.00
	Contributor address; City; State; Zip Code Saratoga, CA 95070	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allin, Virginia	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Trinity Center, CA 96091	
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/380 Rpt: 9/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allin, Virginia <hr/> 6 Contributor address; City; State; Zip Code Trinity Center, CA 96091	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allin, Virginia E <hr/> Contributor address; City; State; Zip Code Napa, CA 94558	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allin, Virginia E <hr/> Contributor address; City; State; Zip Code Napa, CA 94558	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allin, Virginia E <hr/> Contributor address; City; State; Zip Code Napa, CA 94558	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Altman, Julie <hr/> Contributor address; City; State; Zip Code LAKELINE, OH 44095	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/380 Rpt: 10/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Altsheler, Barbara <hr/> 6 Contributor address; City; State; Zip Code St. Louis, MO 63132-2019	7 Amount of Contribution (\$) \$20.24
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Amazonas, Lee <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Amy <hr/> Contributor address; City; State; Zip Code Lewisville, TX 75067	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of North Texas
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, William <hr/> Contributor address; City; State; Zip Code Hopkins, MN 55343	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Video producer		Employer (See Instructions) Self
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andrews, Melissa <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19119	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/380 Rpt: 11/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anthony, Michael <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10013	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Opera singer		9 Employer (See Instructions) Self
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aranas, Steffani <hr/> Contributor address; City; State; Zip Code Ashland, OR 97520	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) VP Operations		Employer (See Instructions) Celerity Consulting Group
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arcus-Arth, Amy <hr/> Contributor address; City; State; Zip Code Pleasant Hill, CA 94523	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arcus-Arth, Amy <hr/> Contributor address; City; State; Zip Code Pleasant Hill, CA 94523	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arcus-Arth, Amy <hr/> Contributor address; City; State; Zip Code Pleasant Hill, CA 94523	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/380 Rpt: 12/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arcus-Arth, Amy <hr/> 6 Contributor address; City; State; Zip Code Pleasant Hill, CA 94523	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arcus-Arth, Amy <hr/> Contributor address; City; State; Zip Code Pleasant Hill, CA 94523	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arcus-Arth, Amy <hr/> Contributor address; City; State; Zip Code Pleasant Hill, CA 94523	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arcus-Arth, Amy <hr/> Contributor address; City; State; Zip Code Pleasant Hill, CA 94523	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ardington, Amy <hr/> Contributor address; City; State; Zip Code Bellville, TX 77418	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/380 Rpt: 13/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ardington, Amy	7 Amount of Contribution (\$) \$20.24
6 Contributor address; City; State; Zip Code Bellville, TX 77418		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Dana	Amount of Contribution (\$) \$20.24
Contributor address; City; State; Zip Code Seattle, WA 98112		
Principal occupation / Job title (See Instructions) freelance copyeditor		Employer (See Instructions) self
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arnesen, Susan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code San Francisco, CA 94122		
Principal occupation / Job title (See Instructions) Hair Stylist		Employer (See Instructions) Self
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Arneson, Judy	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Chapel Hill, NC 27514		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ash, Arlene	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Boston, MA 02115		
Principal occupation / Job title (See Instructions) Health Care Statistics		Employer (See Instructions) UMass Medical School

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/380 Rpt: 14/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ash, Arlene 6 Contributor address; City; State; Zip Code Boston, MA 02115	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Health Care Statistics		9 Employer (See Instructions) UMass Medical School
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Nathan Contributor address; City; State; Zip Code Santa Cruz, CA 95060	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) Palo Alto Medical Foundation
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Audesirk, Teresa Contributor address; City; State; Zip Code Steamboat Springs, CO 80477	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Auerswald, Colette Contributor address; City; State; Zip Code San Francisco, CA 94122	Amount of Contribution (\$) \$1,024.00
Principal occupation / Job title (See Instructions) Faculty		Employer (See Instructions) UC Berkeley
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aust, Catherine Contributor address; City; State; Zip Code Fayetteville, GA 30214	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/380 Rpt: 15/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Austin, Amanda	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Wellesley, MA 02482		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Ropes & Gray LLP
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Avery, James	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Kobenhavn N 02200 Denmark		
Principal occupation / Job title (See Instructions) Associate Professor		Employer (See Instructions) University of Copenhagen
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aviles, Landy	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Port St. Lucie, FL 34953		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ayoade, Ayodele	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Plano, TX 75075-2717		
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) metrocare dallas
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLAND, JENNIFER	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Chicago, IL 60657		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/380 Rpt: 16/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BLAND, JENNIFER <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60657	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRADLEY, SCHUYLER <hr/> Contributor address; City; State; Zip Code KIRKLAND, WA 98034	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRADLEY, SCHUYLER <hr/> Contributor address; City; State; Zip Code KIRKLAND, WA 98034	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BRADLEY, SCHUYLER <hr/> Contributor address; City; State; Zip Code KIRKLAND, WA 98034	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baechle, Ralph <hr/> Contributor address; City; State; Zip Code Davenport, IA 52807	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/380 Rpt: 17/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baechle, Ralph <hr/> 6 Contributor address; City; State; Zip Code Davenport, IA 52807	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Curtis <hr/> Contributor address; City; State; Zip Code Ocean City, NJ 08226	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) self		Employer (See Instructions) attorney
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baker, Jenny <hr/> Contributor address; City; State; Zip Code Mt Vernon, WA 98274	Amount of Contribution (\$) \$39.00
Principal occupation / Job title (See Instructions) Pm		Employer (See Instructions) State
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ball, Joseph W <hr/> Contributor address; City; State; Zip Code Descanso, CA 91916	Amount of Contribution (\$) \$100.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ballmann, Elisabeth <hr/> Contributor address; City; State; Zip Code Cave Creek, AZ 85331	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) Desert Moon Rising

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/380 Rpt: 18/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bank, Lewis <hr/> 6 Contributor address; City; State; Zip Code Bend, OR 97703	7 Amount of Contribution (\$) \$20.24
8 Principal occupation / Job title (See Instructions) Scientist Forensic Psychologist		9 Employer (See Instructions) Private Practice--self employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barr, Suzanne <hr/> Contributor address; City; State; Zip Code Takoma Park, MD 20912	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Fannie Mae
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barrett PHD, Minna S <hr/> Contributor address; City; State; Zip Code Stratford, CT 06614	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bassen, Daisy <hr/> Contributor address; City; State; Zip Code East Greenwich, RI 02818-2222	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Child psychiatrist		Employer (See Instructions) Thrive Behavioral Health
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batchelder, Ned <hr/> Contributor address; City; State; Zip Code Brookline, MA 02445	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Anthropic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/380 Rpt: 19/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Batschelet, Margaret <hr/> 6 Contributor address; City; State; Zip Code Arvada, CO 80005	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauer, Jennifer <hr/> Contributor address; City; State; Zip Code Austin, TX 78702	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Cavulus
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumann, Charles W <hr/> Contributor address; City; State; Zip Code Geneva, IL 60134	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumgarten, Kurt <hr/> Contributor address; City; State; Zip Code Lincoln, NE 68516	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Customer Service Associate		Employer (See Instructions) Walgreens
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumstein, Michael <hr/> Contributor address; City; State; Zip Code East Hampton, NY 11937-2426	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/380 Rpt: 20/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baxter, Kathleen	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Oakland, CA 94618		
8 Principal occupation / Job title (See Instructions) Technical Recruiter		9 Employer (See Instructions) Business Wire
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beautyman, Alexandra	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code New Haven, CT 06511		
Principal occupation / Job title (See Instructions) Comics Creator		Employer (See Instructions) Self
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beautyman, Alexandra	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code New Haven, CT 06511		
Principal occupation / Job title (See Instructions) Comics Creator		Employer (See Instructions) Self
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beauvais, Carol	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Northampton, MA 01060		
Principal occupation / Job title (See Instructions) psychologist		Employer (See Instructions) Carol Beauvais PhD
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beauvais, Carol	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Northampton, MA 01060		
Principal occupation / Job title (See Instructions) psychologist		Employer (See Instructions) Carol Beauvais PhD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/380 Rpt: 21/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beck, Steven <hr/> 6 Contributor address; City; State; Zip Code Queens, NY 11415	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becker, Amanda <hr/> Contributor address; City; State; Zip Code Sterling, VA 20164-5374	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Business Owner and Dog Trainer		Employer (See Instructions) Self-employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beede, Norman <hr/> Contributor address; City; State; Zip Code Irvine, CA 92612	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beer, Avery <hr/> Contributor address; City; State; Zip Code Bloomfield, NY 14469	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beer, Avery <hr/> Contributor address; City; State; Zip Code Bloomfield, NY 14469	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/380 Rpt: 22/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beetem, Rose <hr/> 6 Contributor address; City; State; Zip Code Denver, CO 80211	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beigel, Pat <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85715	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) RN-Clin Doc Specialist		Employer (See Instructions) AMN Healthcare
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bela, Cheryl <hr/> Contributor address; City; State; Zip Code Portland, OR 97236	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Iverson <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30331	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) self
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Iverson <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30331	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/380 Rpt: 23/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellone, Mary	7 Amount of Contribution (\$) \$20.24
6 Contributor address; City; State; Zip Code Lacombe, TX 75089		
8 Principal occupation / Job title (See Instructions) teacher		9 Employer (See Instructions) St Tammany Parish Public Schools
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bellone, Mary	Amount of Contribution (\$) \$20.24
Contributor address; City; State; Zip Code Lacombe, TX 75089		
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) St Tammany Parish Public Schools
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Benigno, Ronald	Amount of Contribution (\$) \$26.00
Contributor address; City; State; Zip Code Brea, CA 92821		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bennett, Katherine	Amount of Contribution (\$) \$23.00
Contributor address; City; State; Zip Code Torrance, CA 90502		
Principal occupation / Job title (See Instructions) Tech Project Manager		Employer (See Instructions) MH SUB I LLC
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bensky, Dan	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Seattle, WA 98199-1129		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/380 Rpt: 24/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergen, Julia <hr/> 6 Contributor address; City; State; Zip Code Marysville, PA 17053	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Howard <hr/> Contributor address; City; State; Zip Code Asheville, NC 28803	Amount of Contribution (\$) \$100.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berliss, Jeremy <hr/> Contributor address; City; State; Zip Code Portland, OR 97211	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Multnomah education service district
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berliss, Jeremy <hr/> Contributor address; City; State; Zip Code Portland, OR 97211	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Multnomah education service district
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernard-Pearl, Lisa <hr/> Contributor address; City; State; Zip Code Albany, CA 94706	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/380 Rpt: 25/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernard-Pearl, Lisa <hr/> 6 Contributor address; City; State; Zip Code Albany, CA 94706	7 Amount of Contribution (\$) \$20.24
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernhard, Keith <hr/> Contributor address; City; State; Zip Code Toledo, OH 43607	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernhard, Keith <hr/> Contributor address; City; State; Zip Code Toledo, OH 43607	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernhard, Keith <hr/> Contributor address; City; State; Zip Code Toledo, OH 43607	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernhard, Keith <hr/> Contributor address; City; State; Zip Code Toledo, OH 43607	Amount of Contribution (\$) \$15.00
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: 23/380 Rpt: 26/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernhard, Keith <hr/> 6 Contributor address; City; State; Zip Code Toledo, OH 43607	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) none
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernhardt, Nechama <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21209-1550	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berosini, Fonda <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90068	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Communication		Employer (See Instructions) Disney
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bethard, Laura <hr/> Contributor address; City; State; Zip Code Allston, MA 02134	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) publications		Employer (See Instructions) NBER
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bethard, Laura <hr/> Contributor address; City; State; Zip Code Allston, MA 02134	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) publications		Employer (See Instructions) NBER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/380 Rpt: 27/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beters, Karla <hr/> 6 Contributor address; City; State; Zip Code Waukesha, WI 53186-1206	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Accounting Assistant		9 Employer (See Instructions) Beters & Associates SC
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beu, Steve <hr/> Contributor address; City; State; Zip Code Austin, TX 78729	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bianchi, Felicia <hr/> Contributor address; City; State; Zip Code Northampton, MA 01060	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Project manager		Employer (See Instructions) Emory university
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bilancia, James <hr/> Contributor address; City; State; Zip Code Brewer, ME 04412	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Bangor School Department
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bilkey, Amy W <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/380 Rpt: 28/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bilkey, Amy W <hr/> 6 Contributor address; City; State; Zip Code Atlanta, GA 30328	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Binney, Robert <hr/> Contributor address; City; State; Zip Code Boston, MA 02114	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) EVP		Employer (See Instructions) The Hudson Group
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bjurstrom, Janice <hr/> Contributor address; City; State; Zip Code Statham, GA 30666-2539	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blachman, Morris <hr/> Contributor address; City; State; Zip Code Columbia, SC 29201	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Academic		Employer (See Instructions) University of South Carolina
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Black, John <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94306	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Landscape Designer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/380 Rpt: 29/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blackman, Karen <hr/> 6 Contributor address; City; State; Zip Code HASLETT, MI 48840	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Michigan State University
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bland, Julian <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bland, Julian <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bleakley, Rebecca <hr/> Contributor address; City; State; Zip Code Taunton, MA 02780	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bleakley, Rebecca <hr/> Contributor address; City; State; Zip Code Taunton, MA 02780	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/380 Rpt: 30/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blier, Steven <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10025	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Musician		9 Employer (See Instructions) Juilliard School
Date 12/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blier, Steven <hr/> Contributor address; City; State; Zip Code New York, NY 10025	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Juilliard School
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Mary <hr/> Contributor address; City; State; Zip Code Miami, FL 33133	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Block, Mary <hr/> Contributor address; City; State; Zip Code Miami, FL 33133	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bloom, Jacob <hr/> Contributor address; City; State; Zip Code Arlington, MA 02476	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/380 Rpt: 31/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blum, Jerry <hr/> 6 Contributor address; City; State; Zip Code Arlington, MA 02476	7 Amount of Contribution (\$) \$124.00
8 Principal occupation / Job title (See Instructions) Bookkeeper		9 Employer (See Instructions) Maimonides School
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blumenthal, Alyssa <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11215	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Con Edison
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blumenthal, Alyssa <hr/> Contributor address; City; State; Zip Code Long Beach, NY 11561	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Con Edison
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BoBo, Brenda <hr/> Contributor address; City; State; Zip Code Myrtle Beach, SC 29572	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobrick, Elizabeth <hr/> Contributor address; City; State; Zip Code Middletown, CT 06457	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/380 Rpt: 32/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobrick, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Middletown, CT 06457	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) writer		9 Employer (See Instructions) self
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobrick, Elizabeth <hr/> Contributor address; City; State; Zip Code Middletown, CT 06457	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions) self
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boedecker, Aviva <hr/> Contributor address; City; State; Zip Code Tiburon, CA 94920	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogert, James <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Property manager		Employer (See Instructions) Self
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bogert, James <hr/> Contributor address; City; State; Zip Code Plano, TX 75023	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Property manager		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/380 Rpt: 33/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bohlen, Avis	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Washington, DC 20002		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bokhour, Ed	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Concord, MA 01742		
Principal occupation / Job title (See Instructions) Engineering R		Employer (See Instructions) Tag Safety Systems Inc
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boland, William	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Miami, FL 33133		
Principal occupation / Job title (See Instructions) Physiologist		Employer (See Instructions) BodyFix Method
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolevic, David	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Philmont, NY 12565		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolevic, David	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Philmont, NY 12565		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/380 Rpt: 34/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) BonnefoyLev, Linda <hr/> 6 Contributor address; City; State; Zip Code Tijeras, NM 87059	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Booze, Valerie <hr/> Contributor address; City; State; Zip Code Wilmington, NC 28409	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bostian, Barbara <hr/> Contributor address; City; State; Zip Code Cathedral City, CA 92234	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bostian, Barbara <hr/> Contributor address; City; State; Zip Code Cathedral City, CA 92234	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Botticello, Madeline <hr/> Contributor address; City; State; Zip Code Washington, DC 20002	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Associate Director		Employer (See Instructions) Creative

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/380 Rpt: 35/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Sandra	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code University Place, WA 98466		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Not employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Sandra	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code University Place, WA 98466		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Not employed
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Sandra	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code University Place, WA 98466		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Not employed
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Sandra	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code University Place, WA 98466		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Not employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowyer, Susan	Amount of Contribution (\$) \$124.00
Contributor address; City; State; Zip Code Oakland, CA 94602		
Principal occupation / Job title (See Instructions) Caregiver		Employer (See Instructions) Martha Senger

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/380 Rpt: 36/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowyer, Susan <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94602	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Caregiver		9 Employer (See Instructions) Martha Senger
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowyer, Susan <hr/> Contributor address; City; State; Zip Code Oakland, CA 94602	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Caregiver		Employer (See Instructions) Martha Senger
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowyer, Susan <hr/> Contributor address; City; State; Zip Code Oakland, CA 94602	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Caregiver		Employer (See Instructions) Martha Senger
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Box, Barbara <hr/> Contributor address; City; State; Zip Code Yarrow Point, WA 98004	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boxer, Barbara <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90049	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/380 Rpt: 37/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boyd, Brian	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code San Francisco, CA 94117		
8 Principal occupation / Job title (See Instructions) Sr. Engineer		9 Employer (See Instructions) Ease
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bozzolo, Adrian	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Oakland, CA 94602		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bradfield, Gretchen Louise	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Fair Oaks, CA 95628		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady, Jessica	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Wayne, NJ 07470		
Principal occupation / Job title (See Instructions) Laboratory scientist		Employer (See Instructions) Alfa Wassermann
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady, Jessica	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Wayne, NJ 07470		
Principal occupation / Job title (See Instructions) Laboratory scientist		Employer (See Instructions) Alfa Wassermann

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/380 Rpt: 38/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady, Jessica <hr/> 6 Contributor address; City; State; Zip Code Wayne, NJ 07470	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Laboratory scientist		9 Employer (See Instructions) Alfa Wassermann
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bram, Rachel <hr/> Contributor address; City; State; Zip Code Huntington, NY 11743	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bram, Rachel <hr/> Contributor address; City; State; Zip Code Huntington, NY 11743	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breen, Jill <hr/> Contributor address; City; State; Zip Code Larchmont, NY 10538	Amount of Contribution (\$) \$1,024.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brege, Ann-Marie <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96822	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/380 Rpt: 39/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brege, Ann-Marie <hr/> 6 Contributor address; City; State; Zip Code Honolulu, HI 96822	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) teacher		9 Employer (See Instructions) self
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breitner, Pieter <hr/> Contributor address; City; State; Zip Code Coralville, IA 52241	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None (Retired)
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breitner, Pieter <hr/> Contributor address; City; State; Zip Code Coralville, IA 52241	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None (Retired)
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brennan, Maje <hr/> Contributor address; City; State; Zip Code APO, AE 09128	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) Self
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breslow Newhouse, Ellen <hr/> Contributor address; City; State; Zip Code New York, NY 10013	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/380 Rpt: 40/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breslow Newhouse, Ellen <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10013	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bressen, Andrew <hr/> Contributor address; City; State; Zip Code Somerville, MA 02144	Amount of Contribution (\$) \$50.12
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brett, Oscar <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11215-6245	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Video editor		Employer (See Instructions) Self
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brewer, Martha <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30305	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bright, Elliott <hr/> Contributor address; City; State; Zip Code Franklin, TN 37064	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) State of Tennessee

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/380 Rpt: 41/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brill, Bettye	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code San Francisco, CA 94115		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brill, Bettye	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code San Francisco, CA 94115		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broadwin, Rachel	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Oakland, CA 94610		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broadwin, Rachel	Amount of Contribution (\$) \$26.00
Contributor address; City; State; Zip Code Oakland, CA 94610		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock, Deanna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Anselmo, CA 94960		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Visa Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/380 Rpt: 42/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brock, Deanna	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code San Anselmo, CA 94960		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Visa Inc.
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, David	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Upton, MA 01568		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brooks, Matthew	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Raleigh, NC 27606		
Principal occupation / Job title (See Instructions) Human Resources		Employer (See Instructions) NC State
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard, Tim	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Rockport, TX 78382		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard, Tim	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Rockport, TX 78382		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/380 Rpt: 43/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard, Tim	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Rockport, TX 78382		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Gloria	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Bonita Springs, FL 31045		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Gloria	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Bonita Springs, FL 34135		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Gloria	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Bonita Springs, FL 31045		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Gloria	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Bonita Springs, FL 34135		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 41/380 Rpt: 44/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Leslie <hr/> 6 Contributor address; City; State; Zip Code Cambridge, MA 02138	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Student		9 Employer (See Instructions) none
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browning, Rufus <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94122	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browning, Rufus <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94122	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brundage, Miles <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94703	Amount of Contribution (\$) \$5,024.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Buchbinder, Hayley <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90042	Amount of Contribution (\$) \$47.00
Principal occupation / Job title (See Instructions) Healthcare Analyst		Employer (See Instructions) Los Angeles County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/380 Rpt: 45/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bullitt, dorothy <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98102	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burchett, Linda <hr/> Contributor address; City; State; Zip Code Fort Thomas, KY 41075	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burgnon, Michaela <hr/> Contributor address; City; State; Zip Code Odenton, MD 21113	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burmeister, Martin <hr/> Contributor address; City; State; Zip Code Stockton, CA 95204	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Flex Ltd.
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Paul <hr/> Contributor address; City; State; Zip Code Sheffield, MA 01257	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Independent

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/380 Rpt: 46/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Paul <hr/> 6 Contributor address; City; State; Zip Code Sheffield, MA 01257	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Independent
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bush, Heather <hr/> Contributor address; City; State; Zip Code Boulder, CO 80304	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) The Levenberg Group
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bush, Jennifer <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19144	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Cooper University Healthcare
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bush, Jennifer <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19144	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Cooper University Healthcare
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, John <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27614	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) John Butler Sales Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/380 Rpt: 47/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, John	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Raleigh, NC 27614		
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) John Butler Sales Inc
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byleckie, Matthew	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Novato, CA 94947		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byrd, David	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code austin, TX 78757		
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Kasasa
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Byron, Michelle	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Brooklyn, NY 11201		
Principal occupation / Job title (See Instructions) Professional Organizer		Employer (See Instructions) Spacegroove
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabell, James	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Tyler, TX 75703		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/380 Rpt: 48/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabell, James <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75703	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cable, Sarah <hr/> Contributor address; City; State; Zip Code Portland, OR 97239	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) S		Employer (See Instructions) S
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cadman, Susan <hr/> Contributor address; City; State; Zip Code Vista, CA 92084	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cahan, Michael <hr/> Contributor address; City; State; Zip Code Chicago, IL 60654	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Real estate		Employer (See Instructions) Self
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cahill, Jon <hr/> Contributor address; City; State; Zip Code Spokane, WA 99208	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) SAS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/380 Rpt: 49/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calabro, David <hr/> 6 Contributor address; City; State; Zip Code Bridgewater, NJ 08807	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caldwell, Carole <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11238	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Marketing consultant		Employer (See Instructions) Self
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calkins, Carolyn <hr/> Contributor address; City; State; Zip Code Chevy Chase, MD 20815	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cameron, Catherine <hr/> Contributor address; City; State; Zip Code San Jose, CA 95125	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) part-time with nonprofit		Employer (See Instructions) Not employed
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Camp, Colleen <hr/> Contributor address; City; State; Zip Code San Rafael, CA 94901-1760	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/380 Rpt: 50/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Hugh <hr/> 6 Contributor address; City; State; Zip Code Havre De Grace, MD 21078	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) N/A
Date 11/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Marilyn <hr/> Contributor address; City; State; Zip Code Lake Forest Park Ci, WA 98155	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Marilyn <hr/> Contributor address; City; State; Zip Code Lake Forest Park Ci, WA 98155	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campion, Tee <hr/> Contributor address; City; State; Zip Code Highbridge, WI 54846	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campos, Fidel <hr/> Contributor address; City; State; Zip Code Chicago, IL 60626	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/380 Rpt: 51/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/06/2024	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	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/06/2024	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	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Canada, Jennifer <hr/> Contributor address; City; State; Zip Code CARY, NC 27513	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capehart, George <hr/> Contributor address; City; State; Zip Code Gastonia, NC 28054	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Capehart, George <hr/> Contributor address; City; State; Zip Code Gastonia, NC 28054	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/380 Rpt: 52/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caporale, Lynn <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10023	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Biochemist		9 Employer (See Instructions) St John's University
Date 12/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carley, Anne <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22902	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Anne Carley Creative LLC
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carnahan, Peggy <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Science Educator		Employer (See Instructions) Our Lady of the Lake Uni
Date 12/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carnahan, Peggy <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Science Educator		Employer (See Instructions) Our Lady of the Lake Uni
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carpenter, Catherine <hr/> Contributor address; City; State; Zip Code Evanston, IL 60201	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/380 Rpt: 53/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carr, Diane <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94131	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Registered Nurse Practitioner		9 Employer (See Instructions) retired
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrier, Micki <hr/> Contributor address; City; State; Zip Code Portland, OR 97219	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self
Date 12/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carrier, Micki <hr/> Contributor address; City; State; Zip Code Portland, OR 97219	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carsrud, Alan <hr/> Contributor address; City; State; Zip Code Spicewood, TX 78669	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casillas, Virginia <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90034	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/380 Rpt: 54/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casseday, John	7 Amount of Contribution (\$) \$24.00
	6 Contributor address; City; State; Zip Code Seattle, WA 98103	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not employed
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casseday, John	Amount of Contribution (\$) \$24.00
	Contributor address; City; State; Zip Code Seattle, WA 98103	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cassel, Robin	Amount of Contribution (\$) \$124.00
	Contributor address; City; State; Zip Code Arlington, MA 02476	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caswell, Wayne	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Fulshear, TX 77441	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Celia, Julie	Amount of Contribution (\$) \$124.00
	Contributor address; City; State; Zip Code Oakland, CA 94608	
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) GoFundMe

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/380 Rpt: 55/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/29/2024	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	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaffee, Dianne <hr/> Contributor address; City; State; Zip Code Bothell, WA 98021	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, David <hr/> Contributor address; City; State; Zip Code Chicago, IL 60608	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, David <hr/> Contributor address; City; State; Zip Code Chicago, IL 60608	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chaney, M-E <hr/> Contributor address; City; State; Zip Code Harbor Springs, MI 49740	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Hamden Edux

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/380 Rpt: 56/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chastang, Rita <hr/> 6 Contributor address; City; State; Zip Code Southfield, MI 48033	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chemel, Lee <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90027	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) TV director		Employer (See Instructions) Self
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chesler, Emily <hr/> Contributor address; City; State; Zip Code BROOKLYN, NY 11216	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Alteryx Inc
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chesler, Emily <hr/> Contributor address; City; State; Zip Code BROOKLYN, NY 11216	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Alteryx Inc
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chesler, Mitchell <hr/> Contributor address; City; State; Zip Code Forest Hills, NY 11375-6130	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) NYU School of Medicine

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/380 Rpt: 57/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chew, Linda	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code El Paso, TX 79930	
8 Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) State of Texas
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chew, Linda	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code El Paso, TX 79930	
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) State of Texas
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childers, Mr Daniel A	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Chicago, IL 60637	
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Bloomberg LP
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childers, Mr Daniel A	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Chicago, IL 60637	
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Bloomberg LP
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chislenko, Julia	Amount of Contribution (\$) \$350.00
	Contributor address; City; State; Zip Code New York, NY 10021	
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/380 Rpt: 58/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chou, Benjamin <hr/> 6 Contributor address; City; State; Zip Code Havre de Grace, MD 21078	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Senior Mechanical Design Engineer		9 Employer (See Instructions) Benjamin Chou
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christensen, Karen <hr/> Contributor address; City; State; Zip Code Santa Ana, CA 92706	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Lisa <hr/> Contributor address; City; State; Zip Code Denver, CO 80220	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) US Dept of Agriculture
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Lisa <hr/> Contributor address; City; State; Zip Code Denver, CO 80220	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) US Dept of Agriculture
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Church, Gordon <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98033	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/380 Rpt: 59/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Church, Gordon	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Kirkland, WA 98033		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Church, Gordon	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Kirkland, WA 98033		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Church, Gordon	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Kirkland, WA 98033		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cipora, John	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Palmer, MA 01069		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Springfield College
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cipora, John	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Palmer, MA 01069		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Springfield College

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/380 Rpt: 60/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarke, Judith	7 Amount of Contribution (\$) \$9.00
6 Contributor address; City; State; Zip Code Dresden, ME 04342		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarke, Judith	Amount of Contribution (\$) \$9.00
Contributor address; City; State; Zip Code Dresden, ME 04342		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clarke, Judith	Amount of Contribution (\$) \$9.00
Contributor address; City; State; Zip Code Dresden, ME 04342		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clemon, Michelle	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Irontdale, AL 35210		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Clemon Consulting Group
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clemons, Kenny	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code New Rochelle, NY 10804		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 58/380 Rpt: 61/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clemons, Kenny	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code New Rochelle, NY 10804		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clifton, Charles	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Hadley, MA 01054		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clifton, Charles	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Hadley, MA 01054		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coats, Michelle	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Pacific Grove, CA 93950		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coats, Michelle	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Pacific Grove, CA 93950		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/380 Rpt: 62/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Jennifer <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11205	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) artist		9 Employer (See Instructions) SVA
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Leonard <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21209	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Naomi <hr/> Contributor address; City; State; Zip Code Gap Mills, WV 24941	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Peter & Sue <hr/> Contributor address; City; State; Zip Code Rockville, MD 20853	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Steven <hr/> Contributor address; City; State; Zip Code Prides Crossing, MA 01965	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/380 Rpt: 63/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Steven <hr/> 6 Contributor address; City; State; Zip Code Prides Crossing, MA 01965	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Steven <hr/> Contributor address; City; State; Zip Code Prides Crossing, MA 01965	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coiner, Dru <hr/> Contributor address; City; State; Zip Code Yucca Valley, CA 92286	Amount of Contribution (\$) \$100.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cole-Ingber, Connie <hr/> Contributor address; City; State; Zip Code Oxford, CT 06478	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) rn		Employer (See Instructions) ynhh
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Combs, Veronica <hr/> Contributor address; City; State; Zip Code Floyds Knobs, IN 47119	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) HKA Marcom

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/380 Rpt: 64/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Combs, Veronica	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Floyds Knobs, IN 47119		
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) HKA Marcom
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compost, Shalom	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Santa Cruz, CA 95062		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compost, Shalom	Amount of Contribution (\$) \$350.00
Contributor address; City; State; Zip Code Santa Cruz, CA 95062		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, Carolyn	Amount of Contribution (\$) \$20.24
Contributor address; City; State; Zip Code Palo Alto, CA 94306		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Compton, Carolyn	Amount of Contribution (\$) \$20.24
Contributor address; City; State; Zip Code Palo Alto, CA 94306		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/380 Rpt: 65/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Sheila	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Pasadena, TX 77502		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conner, Sheila	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Pasadena, TX 77502		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connors, Teresa	Amount of Contribution (\$) \$20.24
Contributor address; City; State; Zip Code Seattle, WA 98121		
Principal occupation / Job title (See Instructions) self		Employer (See Instructions) self
Date 12/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Connors, Teresa	Amount of Contribution (\$) \$20.24
Contributor address; City; State; Zip Code Seattle, WA 98121		
Principal occupation / Job title (See Instructions) self		Employer (See Instructions) self
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contardo, Joseph	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Denver, CO 80203		
Principal occupation / Job title (See Instructions) Retired Medical Social Worker		Employer (See Instructions) None

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/380 Rpt: 66/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contardo, Nicolina <hr/> 6 Contributor address; City; State; Zip Code HAMILTON SQUARE, NJ 08690	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) substitute teacher		9 Employer (See Instructions) source4teachers
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cook, Christina <hr/> Contributor address; City; State; Zip Code Boulder, CO 80304	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Administrative		Employer (See Instructions) Boulder County
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Jane <hr/> Contributor address; City; State; Zip Code Belvedere Tiburon, CA 94920	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Jane <hr/> Contributor address; City; State; Zip Code Belvedere Tiburon, CA 94920	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Seth <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11226	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Software Analyst		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: 64/380 Rpt: 67/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copeland, Thomas <hr/> 6 Contributor address; City; State; Zip Code Youngstown, OH 44509	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copeland, Thomas <hr/> Contributor address; City; State; Zip Code Youngstown, OH 44509	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corash, Kim <hr/> Contributor address; City; State; Zip Code Coral Gables, FL 33146	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Project Manger		Employer (See Instructions) Cain international
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Covaleski, Victor I <hr/> Contributor address; City; State; Zip Code Haydenville, MA 01039	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowan, Aggie <hr/> Contributor address; City; State; Zip Code Savannah, GA 31406	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/380 Rpt: 68/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowan, Aggie	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Savannah, GA 31406		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowan, Charilyn	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code McLean, VA 22101		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) self
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cowan, Charilyn	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code McLean, VA 22101		
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) self
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Bonnie	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Sherman, IL 62684		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cox, Shuler	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Rockwall, TX 75087		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/380 Rpt: 69/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crawford, Michael	7 Amount of Contribution (\$) \$2,024.00
6 Contributor address; City; State; Zip Code Houston, TX 77006		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cregar, Elyse	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Port Townsend, WA 98368		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crow, Catherine	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Ashland, MA 01721		
Principal occupation / Job title (See Instructions) Mother		Employer (See Instructions) Self
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy	Amount of Contribution (\$) \$20.24
Contributor address; City; State; Zip Code Aurora, CO 80017		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code AURORA, CO 80017		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/380 Rpt: 70/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy <hr/> 6 Contributor address; City; State; Zip Code Aurora, CO 80017	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy <hr/> Contributor address; City; State; Zip Code Aurora, CO 80017	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy <hr/> Contributor address; City; State; Zip Code Aurora, CO 80017	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy <hr/> Contributor address; City; State; Zip Code Aurora, CO 80017	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy <hr/> Contributor address; City; State; Zip Code AURORA, CO 80017	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/380 Rpt: 71/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy <hr/> 6 Contributor address; City; State; Zip Code Aurora, CO 80017	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy <hr/> Contributor address; City; State; Zip Code Aurora, CO 80017	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy <hr/> Contributor address; City; State; Zip Code Aurora, CO 80017	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy <hr/> Contributor address; City; State; Zip Code Aurora, CO 80017	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cummings, Richard <hr/> Contributor address; City; State; Zip Code Palm Desert, CA 92260	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 69/380 Rpt: 72/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Lynda <hr/> 6 Contributor address; City; State; Zip Code Seaside, CA 93955	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Database Administration		9 Employer (See Instructions) Banner Health
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Lynda <hr/> Contributor address; City; State; Zip Code Seaside, CA 93955	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Database Administration		Employer (See Instructions) Banner Health
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Mary <hr/> Contributor address; City; State; Zip Code Medford, MA 02155	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Winchester music school
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis, Marvin <hr/> Contributor address; City; State; Zip Code Granger, IN 46530	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Indiana University South Bend
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAncona, Amy <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19131	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/380 Rpt: 73/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DAncona, Amy <hr/> 6 Contributor address; City; State; Zip Code Philadelphia, PA 19131	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dalton, Cami <hr/> Contributor address; City; State; Zip Code Anchorage, AK 99517	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dancona, amy <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19131	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dane, Ardell <hr/> Contributor address; City; State; Zip Code Palmdale, CA 93551	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daniel, Pat <hr/> Contributor address; City; State; Zip Code Putney, VT 05346	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/380 Rpt: 74/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darley, Priscilla	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Athens, GA 30605		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darley, Priscilla	Amount of Contribution (\$) \$50.23
Contributor address; City; State; Zip Code Athens, GA 30605		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Darley, Priscilla	Amount of Contribution (\$) \$50.23
Contributor address; City; State; Zip Code Athens, GA 30605		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauerty, Barbaral	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Universal City, TX 78148		
Principal occupation / Job title (See Instructions) Physician associate		Employer (See Instructions) Nagel Community Clinic
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauerty, Barbaral	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Universal City, TX 78148		
Principal occupation / Job title (See Instructions) Physician associate		Employer (See Instructions) Nagel Community Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/380 Rpt: 75/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daugherty, Carol <hr/> 6 Contributor address; City; State; Zip Code North Hollywood, CA 91606	7 Amount of Contribution (\$) \$20.24
8 Principal occupation / Job title (See Instructions) Physician assistant		9 Employer (See Instructions) Nuestra clinic
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davey, Jeff <hr/> Contributor address; City; State; Zip Code Snellville, GA 30078	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davey, Jeff <hr/> Contributor address; City; State; Zip Code Snellville, GA 30078	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davey, Jeffrey <hr/> Contributor address; City; State; Zip Code Jefferson, GA 30549	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davey, Jeffrey <hr/> Contributor address; City; State; Zip Code Jefferson, GA 30549	Amount of Contribution (\$) \$10.00
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: 73/380 Rpt: 76/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Liliane <hr/> 6 Contributor address; City; State; Zip Code Studio City, CA 91604	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Liliane <hr/> Contributor address; City; State; Zip Code Studio City, CA 91604	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davies, Shannon <hr/> Contributor address; City; State; Zip Code West Lake Hills, TX 78746	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davies, Shannon <hr/> Contributor address; City; State; Zip Code West Lake Hills, TX 78746	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davies, Stevenson <hr/> Contributor address; City; State; Zip Code Merrimac, MA 01860-1857	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/380 Rpt: 77/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Daniel <hr/> 6 Contributor address; City; State; Zip Code Medford, OR 97504	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Daniel <hr/> Contributor address; City; State; Zip Code Medford, OR 97504	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Desiree <hr/> Contributor address; City; State; Zip Code Arlington, VA 22209	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Human Resources		Employer (See Instructions) WPP
Date 11/15/2024	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	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Lighting Designer		Employer (See Instructions) CBS Studios
Date 12/15/2024	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	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Lighting Designer		Employer (See Instructions) CBS Studios

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/380 Rpt: 78/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeGroot, Albert	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Hamilton, MA 01982		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeJesus, Melissa	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code SALEM, MA 01970		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) NewGlobe Education
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deadrick, Michael	Amount of Contribution (\$) \$1,024.00
Contributor address; City; State; Zip Code Scottsdale, AZ 85258		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Defabrizio, Nick	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Augusta, NJ 07822		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) CIT
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Degarmo, Jessica	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Encinitas, CA 92024		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/380 Rpt: 79/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Delaney, Suzann <hr/> 6 Contributor address; City; State; Zip Code Windber, PA 15963	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Denis, Christian <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11217	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Operations Manager		Employer (See Instructions) Dandy
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dennis, Michael <hr/> Contributor address; City; State; Zip Code Sand Lake, MI 49343	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devore, Michael <hr/> Contributor address; City; State; Zip Code Naperville, IL 60540	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Diciccio, Ray <hr/> Contributor address; City; State; Zip Code San Marcos, CA 92078	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) The Fellowship Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/380 Rpt: 80/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dietrich, Douglas <hr/> 6 Contributor address; City; State; Zip Code Los Gatos, CA 95032	7 Amount of Contribution (\$) \$524.00
8 Principal occupation / Job title (See Instructions) sw engineer		9 Employer (See Instructions) google
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dinda, Joel <hr/> Contributor address; City; State; Zip Code Mulliken, MI 48861	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dingess, James <hr/> Contributor address; City; State; Zip Code Boulder City, NV 89005	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) United Airlines
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ditomaso, Nancy <hr/> Contributor address; City; State; Zip Code Fanwood, NJ 07023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) College Professor		Employer (See Instructions) Rutgers University
Date 11/19/2024	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 (\$) \$100.25
Principal occupation / Job title (See Instructions) Management		Employer (See Instructions) The Dodge Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/380 Rpt: 81/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnelly, Claire	7 Amount of Contribution (\$) \$24.00
6 Contributor address; City; State; Zip Code Frederick, MD 21701		
8 Principal occupation / Job title (See Instructions) Shelter Manager		9 Employer (See Instructions) Beyond Shelter
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dooley, Paul	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Burbank, CA 91505		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dousman, Steve	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Felton, CA 95018		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Joseph	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Tyler, TX 75701-5221		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Joseph	Amount of Contribution (\$) \$1.00
Contributor address; City; State; Zip Code Tyler, TX 75701-5221		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/380 Rpt: 82/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Doyle, Liam <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94107	7 Amount of Contribution (\$) \$1,024.00
8 Principal occupation / Job title (See Instructions) Software Exec		9 Employer (See Instructions) Salesforce
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dunn, Jeanne <hr/> Contributor address; City; State; Zip Code Marina Del Rey, CA 90292	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duttenhaver, Krista <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-4138	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Indeed Inc.
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dyer, Sharon <hr/> Contributor address; City; State; Zip Code Washington, DC 20012	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Federal government
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dzwonek, Brianne <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11231	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Healthcare Innovation		Employer (See Instructions) STVL

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/380 Rpt: 83/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eastman, Richard <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94707	7 Amount of Contribution (\$) \$8.00
8 Principal occupation / Job title (See Instructions) lawyer		9 Employer (See Instructions) self
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eaton, Carolyn <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96822	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eaton, Sara <hr/> Contributor address; City; State; Zip Code Seattle, WA 98119	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Allies In Change
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eberhard, Carl <hr/> Contributor address; City; State; Zip Code Decatur, GA 30033	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Web developer		Employer (See Instructions) Wix
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddison, Jonathan <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660-2149	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/380 Rpt: 84/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddison, Jonathan <hr/> 6 Contributor address; City; State; Zip Code Pflugerville, TX 78660-2149	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edelman, Daniel <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90046	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edelman, Daniel <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90046	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edmond, Lorraine <hr/> Contributor address; City; State; Zip Code Lopez Island WA, WA 98261	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Carol <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20906	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/380 Rpt: 85/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Carol <hr/> 6 Contributor address; City; State; Zip Code Silver Spring, MD 20906	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Carol <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20906	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Carol <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20906	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Jon <hr/> Contributor address; City; State; Zip Code S. Freeport, ME 04078	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Egan, Neil <hr/> Contributor address; City; State; Zip Code Oakland, CA 94605	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Graphic designer		Employer (See Instructions) Chronicle books

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/380 Rpt: 86/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehn, Warren <hr/> 6 Contributor address; City; State; Zip Code Arlington, TX 76012	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Library Clerk		9 Employer (See Instructions) City of Arlington Texas
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehrenberg, Betsy <hr/> Contributor address; City; State; Zip Code Medford, MA 02155	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehrenberg, Betsy <hr/> Contributor address; City; State; Zip Code Medford, MA 02155	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehrenberg, Betsy <hr/> Contributor address; City; State; Zip Code Medford, MA 02155	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehrenberg, Betsy <hr/> Contributor address; City; State; Zip Code Medford, MA 02155	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/380 Rpt: 87/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehrenberg, Betsy	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Medford, MA 02155		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehrenberg, Betsy	Amount of Contribution (\$) \$7.00
Contributor address; City; State; Zip Code Medford, MA 02155		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eichelberger, George	Amount of Contribution (\$) \$20.24
Contributor address; City; State; Zip Code Smyrna, GA 30080		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eisen, Cara	Amount of Contribution (\$) \$18.00
Contributor address; City; State; Zip Code New York, NY 10024		
Principal occupation / Job title (See Instructions) reading specialist		Employer (See Instructions) self
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eisen, Cara	Amount of Contribution (\$) \$18.00
Contributor address; City; State; Zip Code New York, NY 10024		
Principal occupation / Job title (See Instructions) reading specialist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/380 Rpt: 88/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eisenberg, Nell	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code New york, NY 11243		
8 Principal occupation / Job title (See Instructions) Doctor		9 Employer (See Instructions) Weill cornell
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eisenstein, Eric	Amount of Contribution (\$) \$350.00
Contributor address; City; State; Zip Code Meadowbrook, PA 19046		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Temple University
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elam, Rich	Amount of Contribution (\$) \$124.00
Contributor address; City; State; Zip Code San Diego, CA 92117		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elam, Rich	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code San Diego, CA 92117		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eldenburg, Maryjo	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Lacey, WA 98503		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 86/380 Rpt: 89/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, Darcy <hr/> 6 Contributor address; City; State; Zip Code Athens, NY 12015	7 Amount of Contribution (\$) \$124.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ellison, Christopher <hr/> Contributor address; City; State; Zip Code Westfield, NJ 07090	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Rutgers University
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhardt, Helen <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11210	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) educator		Employer (See Instructions) none
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhardt, Helen <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11210	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhardt, Helen <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11210	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) educator		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/380 Rpt: 90/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhardt, Helen <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11210	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhardt, Helen <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11210	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) educator		Employer (See Instructions) none
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ennis, Arielle <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30309	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Campaign Manager		Employer (See Instructions) Self-Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ereth, Steve <hr/> Contributor address; City; State; Zip Code Valley Springs, CA 95252	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Espo, Caryn <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90049	Amount of Contribution (\$) \$50.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/380 Rpt: 91/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estevez, Donna <hr/> 6 Contributor address; City; State; Zip Code BRADENTON, FL 34208	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estevez, Donna <hr/> Contributor address; City; State; Zip Code BRADENTON, FL 34208	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estevez, Donna <hr/> Contributor address; City; State; Zip Code BRADENTON, FL 34208	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Evard, Michele <hr/> Contributor address; City; State; Zip Code Concord, MA 01742	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Educational consultant		Employer (See Instructions) Michele Evard
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAHRNER, MARILYN <hr/> Contributor address; City; State; Zip Code Santa Cruz, CA 95062	Amount of Contribution (\$) \$15.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/380 Rpt: 92/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAHRNER, MARILYN <hr/> 6 Contributor address; City; State; Zip Code Santa Cruz, CA 95062	7 Amount of Contribution (\$) \$15.24
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FINELLI, JULIANNA <hr/> Contributor address; City; State; Zip Code New Orleans, LA 70115	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Child Psychiatrist		Employer (See Instructions) Tulane University School of Medicine
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FLEISCHMAN, EDWARD K <hr/> Contributor address; City; State; Zip Code Jacksonville, NC 28546	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, DONALD <hr/> Contributor address; City; State; Zip Code LOS ANGELES, CA 90025	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, DONALD <hr/> Contributor address; City; State; Zip Code LOS ANGELES, CA 90025	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/380 Rpt: 93/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FOSTER, DONALD <hr/> 6 Contributor address; City; State; Zip Code LOS ANGELES, CA 90025	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fagerstrom, Donna <hr/> Contributor address; City; State; Zip Code PELHAM, NY 10803	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Hogan Lovells US LLP
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fagerstrom, Donna <hr/> Contributor address; City; State; Zip Code PELHAM, NY 10803	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Hogan Lovells US LLP
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Falconer, Asha <hr/> Contributor address; City; State; Zip Code Vallejo, CA 94590	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Fiber		Employer (See Instructions) Zayo
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farias, Agnes <hr/> Contributor address; City; State; Zip Code Odenton, MD 21113	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/380 Rpt: 94/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farr, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code St. Louis, MO 63108	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Associate Project Manager		9 Employer (See Instructions) Bi-State Development
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrar, Martha <hr/> Contributor address; City; State; Zip Code Brevard, NC 28712	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrar, Martha <hr/> Contributor address; City; State; Zip Code Brevard, NC 28712	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Farrar, Martha <hr/> Contributor address; City; State; Zip Code Brevard, NC 28712	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faulhaber, Linda <hr/> Contributor address; City; State; Zip Code New York, NY 10024	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/380 Rpt: 95/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faulhaber, Linda	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code New York, NY 10024		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faulhaber, Linda	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New York, NY 10024		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feder, Susan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Irvington, NY 10533		
Principal occupation / Job title (See Instructions) Program Officer		Employer (See Instructions) Mellon Foundation
Date 12/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feder, Susan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Irvington, NY 10533		
Principal occupation / Job title (See Instructions) Program Officer		Employer (See Instructions) Mellon Foundation
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feinstein, Sheri	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Vancouver, WA 98686		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/380 Rpt: 96/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Felton, Nicole	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Gaithersburg, MD 20882		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Betsy	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Exeter, NH 03833		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Betsy	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Exeter, NH 03833		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson Queen, Julie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Silver Spring, MD 20906		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Federal government
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson Queen, Julie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Silver Spring, MD 20906		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Federal government

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/380 Rpt: 97/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fields, Patricia <hr/> 6 Contributor address; City; State; Zip Code Decatur, GA 30030	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Filbert, Susan <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21212	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Findley, Carter <hr/> Contributor address; City; State; Zip Code Columbus, OH 43221	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finner, Douglas <hr/> Contributor address; City; State; Zip Code Alexandria, NH 03222	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Elbit Systems of America
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finner, Douglas <hr/> Contributor address; City; State; Zip Code Alexandria, NH 03222	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Elbit Systems of America

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/380 Rpt: 98/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, Kathleen <hr/> 6 Contributor address; City; State; Zip Code Potsdam, NY 13676	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, Kathleen <hr/> Contributor address; City; State; Zip Code Potsdam, NY 13676	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flanzig, Marcia <hr/> Contributor address; City; State; Zip Code Manhattan, NY 10021	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flavan, Mary <hr/> Contributor address; City; State; Zip Code Morro Bay, CA 93442	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flavan, Mary <hr/> Contributor address; City; State; Zip Code Morro Bay, CA 93442	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/380 Rpt: 99/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flavan, Mary <hr/> 6 Contributor address; City; State; Zip Code Morro Bay, CA 93442	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flavan, Mary <hr/> Contributor address; City; State; Zip Code Morro Bay, CA 93442	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flavan, Mary <hr/> Contributor address; City; State; Zip Code Morro Bay, CA 93442	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleury, Faith <hr/> Contributor address; City; State; Zip Code San Diego, CA 92131	Amount of Contribution (\$) \$8.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fleury, Faith <hr/> Contributor address; City; State; Zip Code San Diego, CA 92131	Amount of Contribution (\$) \$8.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/380 Rpt: 100/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/22/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flocco, Anthony <hr/> 6 Contributor address; City; State; Zip Code Glendora, NJ 08029-1214	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) warehouse stock picker		9 Employer (See Instructions) HPSINC
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Floris-Moore, Michelle <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27514	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) UNC School of Medicine
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flynn, Eileen <hr/> Contributor address; City; State; Zip Code Medford, NJ 08055	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Retired teacher		Employer (See Instructions) none
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flynn, Eileen <hr/> Contributor address; City; State; Zip Code Medford, NJ 08055	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Retired teacher		Employer (See Instructions) none
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flynn, Kirsten <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94306	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) interior designer		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/380 Rpt: 101/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fogarty, Bruce <hr/> 6 Contributor address; City; State; Zip Code Clovis, NM 88101	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) legal assistant		9 Employer (See Instructions) Lindsey Law Firm
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fogarty, Bruce <hr/> Contributor address; City; State; Zip Code Clovis, NM 88101	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) legal assistant		Employer (See Instructions) Lindsey Law Firm
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Follen, Noelle <hr/> Contributor address; City; State; Zip Code Ogilvie, MN 56358	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Foote, Sharon <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78230	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Arlene <hr/> Contributor address; City; State; Zip Code Dallas, TX 75201	Amount of Contribution (\$) \$1,000.00
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: 99/380 Rpt: 102/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Liberty <hr/> 6 Contributor address; City; State; Zip Code Port St Lucie, FL 34952	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Mediator		9 Employer (See Instructions) Self
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ford, Liberty <hr/> Contributor address; City; State; Zip Code Port St Lucie, FL 34952	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Mediator		Employer (See Instructions) Self
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fornaciari, Linda <hr/> Contributor address; City; State; Zip Code Portola Valley, CA 94028	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fortson Guzzetti, Deborah <hr/> Contributor address; City; State; Zip Code Brookline, MA 02446	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Lynda <hr/> Contributor address; City; State; Zip Code Saratoga, CA 95070	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/380 Rpt: 103/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Lynda <hr/> 6 Contributor address; City; State; Zip Code Saratoga, CA 95070	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Medha <hr/> Contributor address; City; State; Zip Code Austin, TX 78736	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) IBM
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frank, Dan <hr/> Contributor address; City; State; Zip Code San Ramon, CA 94583	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frankel, Andrea <hr/> Contributor address; City; State; Zip Code Nevada City, CA 95959	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frankel, Andrea <hr/> Contributor address; City; State; Zip Code Nevada City, CA 95959	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/380 Rpt: 104/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frankel, Andrea	7 Amount of Contribution (\$) \$2.00
6 Contributor address; City; State; Zip Code Nevada City, CA 95959		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frankel, Andrea	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Nevada City, CA 95959		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frankel, Andrea	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Nevada City, CA 95959		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frankel, David	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Chicago, IL 60657-1935		
Principal occupation / Job title (See Instructions) Sales and account mgmt		Employer (See Instructions) LinkedIn
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frederick, Samuel	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code State College, PA 16803		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Penn State

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/380 Rpt: 105/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeark, Kristine	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Ann Arbor, MI 48105		
8 Principal occupation / Job title (See Instructions) psychologist		9 Employer (See Instructions) self
Date 11/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeark, Kristine	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Ann Arbor, MI 48105		
Principal occupation / Job title (See Instructions) psychologist		Employer (See Instructions) self
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeark, Kristine	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Ann Arbor, MI 48105		
Principal occupation / Job title (See Instructions) psychologist		Employer (See Instructions) self
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeark, Kristine	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Ann Arbor, MI 48105		
Principal occupation / Job title (See Instructions) psychologist		Employer (See Instructions) self
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeark, Kristine	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Ann Arbor, MI 48105		
Principal occupation / Job title (See Instructions) psychologist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/380 Rpt: 106/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freedman, Deborah <hr/> 6 Contributor address; City; State; Zip Code Princeton, NJ 08540-5329	7 Amount of Contribution (\$) \$2,024.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freedman, Lynn <hr/> Contributor address; City; State; Zip Code Manhattan, NY 10013	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions) Columbia University
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeland, Mark <hr/> Contributor address; City; State; Zip Code Bremerton, WA 98312	Amount of Contribution (\$) \$16.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeman, Mary <hr/> Contributor address; City; State; Zip Code Athens, GA 30605	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Research scientist		Employer (See Instructions) US Dept of Interior
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freise, Carol <hr/> Contributor address; City; State; Zip Code SEATTLE, WA 98199	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/380 Rpt: 107/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freise, Carol <hr/> 6 Contributor address; City; State; Zip Code SEATTLE, WA 98199	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freise, Carol <hr/> Contributor address; City; State; Zip Code SEATTLE, WA 98199	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fremstad, Karen <hr/> Contributor address; City; State; Zip Code Alameda, CA 94501	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, Maurice <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48108	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) French, Michele <hr/> Contributor address; City; State; Zip Code El Cerrito, CA 94530	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/380 Rpt: 108/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frenkel, Joan	7 Amount of Contribution (\$) \$24.00
6 Contributor address; City; State; Zip Code Daly City, CA 94015		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey, Aven	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Bremerton, WA 98312-3038		
Principal occupation / Job title (See Instructions) grant writer		Employer (See Instructions) Sightline Institute
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey, Patricia	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Atascadero, CA 93422		
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Self
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey, Patricia	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Atascadero, CA 93422		
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Self
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freyman, Jeffrey	Amount of Contribution (\$) \$124.00
Contributor address; City; State; Zip Code Berkeley, CA 94707		
Principal occupation / Job title (See Instructions) Radio Producer		Employer (See Instructions) USC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/380 Rpt: 109/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freymann, Jeffrey <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94707	7 Amount of Contribution (\$) \$124.00
8 Principal occupation / Job title (See Instructions) Radio Producer		9 Employer (See Instructions) USC
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Anne <hr/> Contributor address; City; State; Zip Code Washington, DC 20015	Amount of Contribution (\$) \$1,024.00
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions) none
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Dawn <hr/> Contributor address; City; State; Zip Code Howard Beach, NY 11414	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) D. E. Shaw Research
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Dawn <hr/> Contributor address; City; State; Zip Code Howard Beach, NY 11414	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) D. E. Shaw Research
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Dawn <hr/> Contributor address; City; State; Zip Code Howard Beach, NY 11414	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) D. E. Shaw Research

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 107/380 Rpt: 110/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Deb <hr/> 6 Contributor address; City; State; Zip Code Easthampton, MA 01027	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Hugh <hr/> Contributor address; City; State; Zip Code El Prado, NM 87529	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Land development		Employer (See Instructions) self
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Hugh <hr/> Contributor address; City; State; Zip Code El Prado, NM 87529	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Land development		Employer (See Instructions) self
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Jay <hr/> Contributor address; City; State; Zip Code San Clemente, CA 92673	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friesen, Christopher <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94086	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Software engineer		Employer (See Instructions) Apple

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/380 Rpt: 111/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friesen, Christopher <hr/> 6 Contributor address; City; State; Zip Code Sunnyvale, CA 94086	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Software engineer		9 Employer (See Instructions) Apple
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) From, Liz <hr/> Contributor address; City; State; Zip Code Del Mar, CA 92014	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Front, Anne <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 91607	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fukushima, Eiichi <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87119	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) ABQMR
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fukushima, Eiichi <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87119	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) ABQMR

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/380 Rpt: 112/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fusco, Carol <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94708	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fusco, Carol <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94708	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, GORDON <hr/> Contributor address; City; State; Zip Code TEXAS CITY, TX 77591	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaasch, Mary <hr/> Contributor address; City; State; Zip Code Saint Paul, MN 55113	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) non profit		Employer (See Instructions) Hammer
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galinsky, David <hr/> Contributor address; City; State; Zip Code Lower Merion, PA 19066	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/380 Rpt: 113/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galinsky, David	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Lower Merion, PA 19066		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvin, Jennifer	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Washington, DC 20037		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galvin, Jennifer	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Washington, DC 20037		
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ganobsik, Kendra	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Elyria, OH 44035-2069		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) PenFed
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Peter	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Winslow, ME 04901		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 111/380 Rpt: 114/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Peter <hr/> 6 Contributor address; City; State; Zip Code Winslow, ME 04901	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garry, Beth <hr/> Contributor address; City; State; Zip Code Lynn, MA 01904	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garvey, Kyle <hr/> Contributor address; City; State; Zip Code Columbus, OH 43201	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gasparetti, Angela <hr/> Contributor address; City; State; Zip Code Nashville, TN 37209	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Graphic design		Employer (See Instructions) Self
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gatchel, Lyle <hr/> Contributor address; City; State; Zip Code Nevada, OH 44849	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Lab worker		Employer (See Instructions) Alloway environmental

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 112/380 Rpt: 115/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gatwood, Rachel <hr/> 6 Contributor address; City; State; Zip Code Reston, VA 20191	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Technical Writer		9 Employer (See Instructions) Cambium Assessment Inc.
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gatwood, Rachel <hr/> Contributor address; City; State; Zip Code Reston, VA 20191	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Cambium Assessment Inc.
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gatwood, Rachel <hr/> Contributor address; City; State; Zip Code Reston, VA 20191	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Cambium Assessment Inc.
Date 12/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gatwood, Rachel <hr/> Contributor address; City; State; Zip Code Reston, VA 20191	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Cambium Assessment Inc.
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gatz, Karen L <hr/> Contributor address; City; State; Zip Code Annandale, VA 22003	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/380 Rpt: 116/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudet, Caroline <hr/> 6 Contributor address; City; State; Zip Code Malden, MA 02148	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Medical Device Engineer		9 Employer (See Instructions) Boston Scientific Corporation
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudet, Caroline <hr/> Contributor address; City; State; Zip Code Malden, MA 02148	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Medical Device Engineer		Employer (See Instructions) Boston Scientific Corporation
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Geller, Melisa <hr/> Contributor address; City; State; Zip Code Sea cliff, NY 11579	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) LSA		Employer (See Instructions) Real estate
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gende, Gretchen <hr/> Contributor address; City; State; Zip Code Bainbridge Island, WA 98110	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Albert R <hr/> Contributor address; City; State; Zip Code Trumansburg, NY 14886	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 114/380 Rpt: 117/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Albert R <hr/> 6 Contributor address; City; State; Zip Code Trumansburg, NY 14886	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Georgevich, Meg <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Georgevich, Meg <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Georgevich, Meg <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Georgevich, Meg <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 115/380 Rpt: 118/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Georgevich, Meg <hr/> 6 Contributor address; City; State; Zip Code Deerfield, IL 60015	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Georgevich, Meg <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Georgevich, Meg <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Georgevich, Meg <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Germano, Joseph <hr/> Contributor address; City; State; Zip Code BELLEVUE, WA 98006	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/380 Rpt: 119/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Germano, Joseph	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code BELLEVUE, WA 98006		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Germano, Joseph	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code BELLEVUE, WA 98006		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gershon, Vicki	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Gladwyne, PA 19035		
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Self
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gershon, Vicki	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Gladwyne, PA 19035		
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Self
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gifford, Martha	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Brooklyn, NY 11201		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 117/380 Rpt: 120/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gildin, Marsha <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10040	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Teaching artist		9 Employer (See Instructions) Teachers & Writers Collaborative
Date 12/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gildin, Marsha <hr/> Contributor address; City; State; Zip Code New York, NY 10040	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Teaching artist		Employer (See Instructions) Teachers & Writers Collaborative
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillaspy, Betsy <hr/> Contributor address; City; State; Zip Code Redmond, WA 98052-3852	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Gillaspy Rhode Faddis & Benn
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillaspy, Betsy <hr/> Contributor address; City; State; Zip Code Redmond, WA 98052-3852	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Gillaspy Rhode Faddis & Benn
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillette, Barbara L <hr/> Contributor address; City; State; Zip Code Wadsworth, OH 44281	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 118/380 Rpt: 121/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillette, Barbara L <hr/> 6 Contributor address; City; State; Zip Code Wadsworth, OH 44281	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gimmler, Christine <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94704	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ginsberg, Mary <hr/> Contributor address; City; State; Zip Code NYC, NY 10022	Amount of Contribution (\$) \$100.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Girard, Jeffrey <hr/> Contributor address; City; State; Zip Code Elgin, IL 60124	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Girard, Jeffrey <hr/> Contributor address; City; State; Zip Code Elgin, IL 60124	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 119/380 Rpt: 122/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giuffre, Frances <hr/> 6 Contributor address; City; State; Zip Code Arlington, MA 02476	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Librarian		9 Employer (See Instructions) Retired
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glass, David <hr/> Contributor address; City; State; Zip Code Needham, MA 02492	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glass, Frank <hr/> Contributor address; City; State; Zip Code Albany, OR 97321	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Process Engineer		Employer (See Instructions) HP Inc.
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Glick, Kaylene <hr/> Contributor address; City; State; Zip Code Bartlesville, OK 74006	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) City Letter Carrier		Employer (See Instructions) USPS
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gluck, Nora <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87506	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/380 Rpt: 123/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gluck, Nora <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, NM 87506	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Psychotherapist		9 Employer (See Instructions) Self
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gluck, Nora <hr/> Contributor address; City; State; Zip Code Santa Fe, NM 87506	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goertner, Jo Ann <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20916	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Web Application Developer		Employer (See Instructions) CTIA The Wireless Association
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goertner, Jo Ann <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20916	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Web Application Developer		Employer (See Instructions) CTIA The Wireless Association
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goka, Kate <hr/> Contributor address; City; State; Zip Code Brisbane, CA 94005	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 121/380 Rpt: 124/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Lesley	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code New York, NY 10009-3125		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Nancy	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Los Angeles, CA 90066		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Nancy	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Los Angeles, CA 90066		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Nancy	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Los Angeles, CA 90066		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Sara	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Manhasset, NY 11030		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 122/380 Rpt: 125/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Chatsworth, CA 91311	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Accountant		9 Employer (See Instructions) TBI Airport Mgmt/BHA Burbank
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldman, Cynthia <hr/> Contributor address; City; State; Zip Code Chatsworth, CA 91311	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) TBI Airport Mgmt/BHA Burbank
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gollhardt, Kurt <hr/> Contributor address; City; State; Zip Code Union City, CA 94587	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) CerTek Software Designs Inc.
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gollhardt, Kurt <hr/> Contributor address; City; State; Zip Code Union City, CA 94587	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) CerTek Software Designs Inc.
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gonzalez, Sarah <hr/> Contributor address; City; State; Zip Code Highland, MD 20777	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Horse Trainer		Employer (See Instructions) Sarah Gonzalez

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 123/380 Rpt: 126/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodman, Danya	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Malden, MA 02148		
8 Principal occupation / Job title (See Instructions) psychologist		9 Employer (See Instructions) danya goodman
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gooley, Janelle	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code BROOKLYN, NY 11230		
Principal occupation / Job title (See Instructions) Project Manager		Employer (See Instructions) JPMorgan Chase
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Charlene	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Aldie, VA 20105		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Charlene	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Aldie, VA 20105		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Charlene	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Aldie, VA 20105		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/380 Rpt: 127/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Graham, Helen <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98118	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) early chilcare educator		9 Employer (See Instructions) sound childcare solutions
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grantham, Robin <hr/> Contributor address; City; State; Zip Code Tampa, FL 33629	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grau, Peggy <hr/> Contributor address; City; State; Zip Code irvine, CA 92617	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grau, Peggy <hr/> Contributor address; City; State; Zip Code irvine, CA 92617	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gray, Kaitlyn <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27613	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Program Assistant		Employer (See Instructions) Emily K Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 125/380 Rpt: 128/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grebanier, Alice <hr/> 6 Contributor address; City; State; Zip Code Branchburg, NJ 08865	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grebanier, Alice <hr/> Contributor address; City; State; Zip Code Branchburg, NJ 08865	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grebanier, Alice <hr/> Contributor address; City; State; Zip Code Branchburg, NJ 08865	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grebanier, Marian <hr/> Contributor address; City; State; Zip Code Portland, OR 97211	Amount of Contribution (\$) \$50.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grebanier, Marian <hr/> Contributor address; City; State; Zip Code Portland, OR 97211	Amount of Contribution (\$) \$50.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 126/380 Rpt: 129/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Gretchen <hr/> 6 Contributor address; City; State; Zip Code Gilroy, CA 95020	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Gretchen <hr/> Contributor address; City; State; Zip Code Gilroy, CA 95020	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Minna <hr/> Contributor address; City; State; Zip Code Chicago, IL 60640	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenfield, Stephen <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55408	Amount of Contribution (\$) \$500.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenley, Rachel <hr/> Contributor address; City; State; Zip Code Seattle, WA 98116	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) UW

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 127/380 Rpt: 130/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwald, jonathan <hr/> 6 Contributor address; City; State; Zip Code Boulder, CO 80304	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) EMS Educator		9 Employer (See Instructions) AMR Boulder Operations
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, Barbara <hr/> Contributor address; City; State; Zip Code SEATTLE, WA 98115-3636	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, Barbara <hr/> Contributor address; City; State; Zip Code SEATTLE, WA 98115-3636	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, Barbara <hr/> Contributor address; City; State; Zip Code SEATTLE, WA 98115	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, Barbara <hr/> Contributor address; City; State; Zip Code SEATTLE, WA 98115-3636	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 128/380 Rpt: 131/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, Barbara <hr/> 6 Contributor address; City; State; Zip Code SEATTLE, WA 98115-3636	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, Barbara <hr/> Contributor address; City; State; Zip Code SEATTLE, WA 98115	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gregory, Barbara <hr/> Contributor address; City; State; Zip Code SEATTLE, WA 98115-3636	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Keith <hr/> Contributor address; City; State; Zip Code Garnerville, NY 10923	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Project Leader		Employer (See Instructions) Mondelez International Inc
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grimes, Diane <hr/> Contributor address; City; State; Zip Code Syracuse, NY 13210	Amount of Contribution (\$) \$524.00
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions) Syracuse University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 129/380 Rpt: 132/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grindeland, Mary <hr/> 6 Contributor address; City; State; Zip Code Sunnyvale, CA 94089	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) RIS/PACS Andministratot		9 Employer (See Instructions) Palo Alto Medical Foundation
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grosh, Margaret <hr/> Contributor address; City; State; Zip Code Arlington, VA 22201	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Gary <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Gary <hr/> Contributor address; City; State; Zip Code Tyler, TX 75701	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Nancy <hr/> Contributor address; City; State; Zip Code New York, NY 10011	Amount of Contribution (\$) \$15.00
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: 130/380 Rpt: 133/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Nancy <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10011	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) none
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grundy, Janice <hr/> Contributor address; City; State; Zip Code Williamston, MI 48895	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Sparrow Hospital
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grundy, Janice <hr/> Contributor address; City; State; Zip Code Williamston, MI 48895	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Sparrow Hospital
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grundy, Janice <hr/> Contributor address; City; State; Zip Code Williamston, MI 48895	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Sparrow Hospital
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gruvman, Edna <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11231	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) therapist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 131/380 Rpt: 134/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guerber, James <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98117	7 Amount of Contribution (\$) \$124.00
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Google
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulick, Ann <hr/> Contributor address; City; State; Zip Code St. Louis, MO 63146	Amount of Contribution (\$) \$10.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulick, Ann & David <hr/> Contributor address; City; State; Zip Code St. Louis, MO 63146	Amount of Contribution (\$) \$10.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulin, Jamie <hr/> Contributor address; City; State; Zip Code Washington, DC 20024	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Federal		Employer (See Instructions) Federal
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulin, Jamie <hr/> Contributor address; City; State; Zip Code Washington, DC 20024	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Federal		Employer (See Instructions) Federal

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 132/380 Rpt: 135/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulin, Jamie <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20024	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Federal		9 Employer (See Instructions) Federal
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guster, Charles <hr/> Contributor address; City; State; Zip Code Columbus, OH 43235	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Worthington Industries
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzman, Lauren <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76118	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) GameStop Inc.
Date 12/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzman, Lauren <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76118	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) GameStop Inc.
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haddad, Gita <hr/> Contributor address; City; State; Zip Code Waltham, MA 02451	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 133/380 Rpt: 136/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haefling, Carl <hr/> 6 Contributor address; City; State; Zip Code Bainbridge Island, WA 98110	7 Amount of Contribution (\$) \$5,000.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hairston, Marc <hr/> Contributor address; City; State; Zip Code Dallas, TX 75214	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) research scientist		Employer (See Instructions) University of Texas at Dallas
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halasz, Franklin <hr/> Contributor address; City; State; Zip Code ALBUQUERQUE, NM 87109	Amount of Contribution (\$) \$22.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halasz, Franklin <hr/> Contributor address; City; State; Zip Code ALBUQUERQUE, NM 87109	Amount of Contribution (\$) \$22.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hales, Calla <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28278	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) A Preferred Women's Health Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 134/380 Rpt: 137/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halko, Gabrielle <hr/> 6 Contributor address; City; State; Zip Code WEST CHESTER, PA 19380-5977	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) West Chester University
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halko, Gabrielle <hr/> Contributor address; City; State; Zip Code WEST CHESTER, PA 19380-5977	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) West Chester University
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halloran, John <hr/> Contributor address; City; State; Zip Code Maspeth, NY 11378-2626	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Christian <hr/> Contributor address; City; State; Zip Code Falmouth, KY 41040	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Data Scientist		Employer (See Instructions) 84.51 LLC
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Christian <hr/> Contributor address; City; State; Zip Code Falmouth, KY 41040	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Data Scientist		Employer (See Instructions) 84.51 LLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 135/380 Rpt: 138/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammond, Nancy <hr/> 6 Contributor address; City; State; Zip Code Overland Park, KS 66213	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) KUMED
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hammons, William <hr/> Contributor address; City; State; Zip Code Houston, TX 77025	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Alexandra <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Alexandra <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, David <hr/> Contributor address; City; State; Zip Code Atascadero, CA 93422	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) CA Dept of State Hospitals

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 136/380 Rpt: 139/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handley, Aysha	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Vallejo, CA 94592		
8 Principal occupation / Job title (See Instructions) PR		9 Employer (See Instructions) Upright Position Communications
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handley, Aysha	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Vallejo, CA 94592		
Principal occupation / Job title (See Instructions) PR		Employer (See Instructions) Upright Position Communications
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handley, Aysha	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Vallejo, CA 94592		
Principal occupation / Job title (See Instructions) PR		Employer (See Instructions) Upright Position Communications
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanink, Peter	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Long Beach, CA 90815		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Cal Poly Pomona
Date 12/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanink, Peter	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Long Beach, CA 90815		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Cal Poly Pomona

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 137/380 Rpt: 140/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanna, Nora <hr/> 6 Contributor address; City; State; Zip Code Sugar Hill, GA 30518	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Self
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78727-6870	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) National Instruments
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78727-6870	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) National Instruments
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanway, Susan <hr/> Contributor address; City; State; Zip Code Babcock Ranch, FL 33982	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanway, Susan <hr/> Contributor address; City; State; Zip Code Babcock Ranch, FL 33982	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 138/380 Rpt: 141/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardaway, Charles <hr/> 6 Contributor address; City; State; Zip Code Cheltenham Township, PA 19012	7 Amount of Contribution (\$) \$124.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardenburg, C <hr/> Contributor address; City; State; Zip Code Portland, NY 14769	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hardin, Gina <hr/> Contributor address; City; State; Zip Code Lyons, CO 80540	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) unemployed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harland, Donald <hr/> Contributor address; City; State; Zip Code Candler, NC 28715	Amount of Contribution (\$) \$62.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hospital
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harland, Donald <hr/> Contributor address; City; State; Zip Code Candler, NC 28715	Amount of Contribution (\$) \$210.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 139/380 Rpt: 142/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harland, Donald <hr/> 6 Contributor address; City; State; Zip Code Candler, NC 28715	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) Hospital
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harland, Donald <hr/> Contributor address; City; State; Zip Code Candler, NC 28715	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hospital
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harland, Donald <hr/> Contributor address; City; State; Zip Code Candler, NC 28715	Amount of Contribution (\$) \$105.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hospital
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harland, Donald <hr/> Contributor address; City; State; Zip Code Candler, NC 28715	Amount of Contribution (\$) \$62.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hospital
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harland, Donald <hr/> Contributor address; City; State; Zip Code Candler, NC 28715	Amount of Contribution (\$) \$210.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 140/380 Rpt: 143/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harland, Donald <hr/> 6 Contributor address; City; State; Zip Code Candler, NC 28715	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Nurse		9 Employer (See Instructions) Hospital
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harland, Donald <hr/> Contributor address; City; State; Zip Code Candler, NC 28715	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hospital
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harland, Donald <hr/> Contributor address; City; State; Zip Code Candler, NC 28715	Amount of Contribution (\$) \$105.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hospital
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harland, Donald <hr/> Contributor address; City; State; Zip Code Candler, NC 28715	Amount of Contribution (\$) \$62.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) Hospital
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harman, Auros <hr/> Contributor address; City; State; Zip Code San Bruno, CA 94066-4505	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Support Engineer		Employer (See Instructions) Tesla Energy

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 141/380 Rpt: 144/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Carroll <hr/> 6 Contributor address; City; State; Zip Code Raleigh, NC 27603	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Carroll <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27603	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Claudia <hr/> Contributor address; City; State; Zip Code Roslindale, MA 02131	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Self
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Claudia <hr/> Contributor address; City; State; Zip Code Roslindale, MA 02131	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Self
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Guy <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94022-1649	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 142/380 Rpt: 145/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Guy <hr/> 6 Contributor address; City; State; Zip Code Los Altos, CA 94022-1649	7 Amount of Contribution (\$) \$62.50
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) none
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Amy Beth <hr/> Contributor address; City; State; Zip Code Winthrop, MA 02152	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Excel Academy Charter School
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harrison, Norma J F <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94702	Amount of Contribution (\$) \$50.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartley, Martha <hr/> Contributor address; City; State; Zip Code FREDERICK, MD 21702	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartley, Martha <hr/> Contributor address; City; State; Zip Code FREDERICK, MD 21702	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 143/380 Rpt: 146/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hartley, Martha	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code FREDERICK, MD 21702		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hawkins, Heather	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Mill Valley, CA 94941		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebblewhite, Mary	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Sandy Springs, GA 30328		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Dr. Mary Hrbblewhite
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebblewhite, Mary	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Sandy Springs, GA 30328		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Dr. Mary Hrbblewhite
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebblewhite, Mary	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Sandy Springs, GA 30328		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Dr. Mary Hrbblewhite

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 144/380 Rpt: 147/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebley, Sandi <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RN LMSW		9 Employer (See Instructions) Faith Presbyterian Hospice
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebley, Sandi <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RN LMSW		Employer (See Instructions) Faith Presbyterian Hospice
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebley, Sandi <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RN LMSW		Employer (See Instructions) Faith Presbyterian Hospice
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebley, Sandi <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RN LMSW		Employer (See Instructions) Faith Presbyterian Hospice
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebley, Sandi <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RN LMSW		Employer (See Instructions) Faith Presbyterian Hospice

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 145/380 Rpt: 148/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hein, Werner	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Washington, DC 20016		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Hillary	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Decatur, GA 30030		
Principal occupation / Job title (See Instructions) Director of Product Strategy		Employer (See Instructions) Clearleap
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Hillary	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Decatur, GA 30030		
Principal occupation / Job title (See Instructions) Director of Product Strategy		Employer (See Instructions) Clearleap
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Karen	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Lomita, CA 90717		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hennes, Scott	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code Durham, NC 27705		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 146/380 Rpt: 149/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hennes, Scott <hr/> 6 Contributor address; City; State; Zip Code Durham, NC 27705	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Herbert, Emily <hr/> Contributor address; City; State; Zip Code Portland, OR 97232-1549	Amount of Contribution (\$) \$20.23
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hersh, Carol <hr/> Contributor address; City; State; Zip Code Great Neck, NY 11023-1307	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hershberger, David <hr/> Contributor address; City; State; Zip Code Menlo Park, CA 94025	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Computer programmer		Employer (See Instructions) Boston dynamics
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hertzmark, Ellen <hr/> Contributor address; City; State; Zip Code New York, NY 10033	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) statistician		Employer (See Instructions) harvard university

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 147/380 Rpt: 150/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hertzmark, Ellen <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10033	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) statistician		9 Employer (See Instructions) harvard university
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hewat, Tracy <hr/> Contributor address; City; State; Zip Code Providence, RI 02906	Amount of Contribution (\$) \$1,024.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) self
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Higgins, Sheila <hr/> Contributor address; City; State; Zip Code Pleasant Hill, CA 94523	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Marketing		Employer (See Instructions) Towill Inc.
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilty, Mark <hr/> Contributor address; City; State; Zip Code Barrington, RI 02806	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Not Employed
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilty, Mark <hr/> Contributor address; City; State; Zip Code Barrington, RI 02806	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: 148/380 Rpt: 151/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Cheryl <hr/> 6 Contributor address; City; State; Zip Code Honolulu, HI 96817	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Cheryl <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96817	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Cheryl <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96817	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Cheryl <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96817	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ho, Cheryl <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96817	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 149/380 Rpt: 152/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoagland, Nancy <hr/> 6 Contributor address; City; State; Zip Code Maple City, MI 49664	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Madelyn <hr/> Contributor address; City; State; Zip Code Tomales, CA 94971	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Madelyn <hr/> Contributor address; City; State; Zip Code Tomales, CA 94971	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Joseph <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90041	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hofmann, Michelle <hr/> Contributor address; City; State; Zip Code Portland, OR 97203-4708	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 150/380 Rpt: 153/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollier, Dawn <hr/> 6 Contributor address; City; State; Zip Code Venice, CA 90291	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollier, Dawn <hr/> Contributor address; City; State; Zip Code Venice, CA 90291	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holsenbeck, Stephen <hr/> Contributor address; City; State; Zip Code Waltham, MA 02453	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holsenbeck, Stephen <hr/> Contributor address; City; State; Zip Code Waltham, MA 02453	Amount of Contribution (\$) \$9.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holtshouser, Sherrell <hr/> Contributor address; City; State; Zip Code Anchorage, AK 99515	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 151/380 Rpt: 154/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/16/2024	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	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooper, Helen <hr/> Contributor address; City; State; Zip Code Rumsey, CA 95679	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 12/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooper, Helen <hr/> Contributor address; City; State; Zip Code Rumsey, CA 95679	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hope, Janet <hr/> Contributor address; City; State; Zip Code Plano, TX 75024	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horwitz, Chris <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15217	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) ceo		Employer (See Instructions) electrogrip

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 152/380 Rpt: 155/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horwitz, Chris	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Pittsburgh, PA 15217		
8 Principal occupation / Job title (See Instructions) ceo		9 Employer (See Instructions) electrogrip
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hossler, Don	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Bloomington, IN 47401		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) House, Jonathan	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Leavenworth, KS 66048		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston, Pam	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Lawrence, KS 66046		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston, Pam	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Lawrence, KS 66046		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 153/380 Rpt: 156/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houston, Susan <hr/> 6 Contributor address; City; State; Zip Code Brookline, MA 02446	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Howard, Melanie <hr/> Contributor address; City; State; Zip Code Syosset, NY 11791	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hu, Serena <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Stanford Health Care
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hudson, Kate <hr/> Contributor address; City; State; Zip Code Carbondale, CO 81623	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Environmental advocate		Employer (See Instructions) Waterkeeper Alliance
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huenemann, Grace <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94107	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) musician		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 154/380 Rpt: 157/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huff, Jay <hr/> 6 Contributor address; City; State; Zip Code Carlsbad, CA 92008	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Julie <hr/> Contributor address; City; State; Zip Code Santa Cruz, CA 95065	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Susan <hr/> Contributor address; City; State; Zip Code Incline Village, NV 89450	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Susan <hr/> Contributor address; City; State; Zip Code Incline Village, NV 89450	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughey, Christine <hr/> Contributor address; City; State; Zip Code Washougal, WA 98671	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 155/380 Rpt: 158/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hull, Bryley <hr/> 6 Contributor address; City; State; Zip Code SEATTLE, WA 98118-6082	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hundt, Cole <hr/> Contributor address; City; State; Zip Code Eau Claire, WI 54703	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Information Technology		Employer (See Instructions) Tradepoint Systems
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hursh, Lydia H <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hursh, Lydia H <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huss, Gary <hr/> Contributor address; City; State; Zip Code Maryville, TN 37801	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 156/380 Rpt: 159/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IORII, REGINA <hr/> 6 Contributor address; City; State; Zip Code Wilmington, DE 19808	7 Amount of Contribution (\$) \$20.24
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IORII, REGINA <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19808	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IORII, REGINA <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19808	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IORII, REGINA <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19808	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Imperatore, Catherine <hr/> Contributor address; City; State; Zip Code Reston, VA 20191	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) ACTE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 157/380 Rpt: 160/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Imperatore, Catherine <hr/> 6 Contributor address; City; State; Zip Code Reston, VA 20191	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Director		9 Employer (See Instructions) ACTE
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Imperatore, Catherine <hr/> Contributor address; City; State; Zip Code Reston, VA 20191	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) ACTE
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Inciardi, John <hr/> Contributor address; City; State; Zip Code Novato, CA 94947	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Proessor		Employer (See Instructions) University of California San Francisco
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ingerson, Kathleen <hr/> Contributor address; City; State; Zip Code Portland, OR 97214-1825	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Irvine, Michael <hr/> Contributor address; City; State; Zip Code Bexley, OH 43209	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) software engineer		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 158/380 Rpt: 161/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Loretta	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Evanston, IL 60202		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Loretta	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Evanston, IL 60202		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jackson, Rebecca	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Orlando, FL 32827		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Bryan	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code McKinney, TX 75070		
Principal occupation / Job title (See Instructions) Finance		Employer (See Instructions) Solvay SA
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Kathryn	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Chelan, WA 98816		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 159/380 Rpt: 162/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Kathryn <hr/> 6 Contributor address; City; State; Zip Code Chelan, WA 98816	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Kathryn <hr/> Contributor address; City; State; Zip Code Chelan, WA 98816	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Kathryn <hr/> Contributor address; City; State; Zip Code Chelan, WA 98816	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Larry <hr/> Contributor address; City; State; Zip Code Foster City, CA 94404	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobson, David <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94107	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) University of California

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 160/380 Rpt: 163/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobson, Mark	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Concord, MA 01742-1852		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jakovac, Paula	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Shawnee, KS 66216		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamieson, Bob	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Edmonds, WA 98020		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamieson, Bob	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Edmonds, WA 98020		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamieson, Robert	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code EDMONDS, WA 98020		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 161/380 Rpt: 164/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janeway, Christopher <hr/> 6 Contributor address; City; State; Zip Code Burlington, VT 05401	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) therapist		9 Employer (See Instructions) self
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Janzen, Russell <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jaspersen, Faith <hr/> Contributor address; City; State; Zip Code Laguna Vista, TX 78578	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Javril, Marci <hr/> Contributor address; City; State; Zip Code Marina Del Rey, CA 90292	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Health Professional		Employer (See Instructions) Self
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jennings, Alexander <hr/> Contributor address; City; State; Zip Code San Diego, CA 92111	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Auditor		Employer (See Instructions) DoD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 162/380 Rpt: 165/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jensen, Virginia <hr/> 6 Contributor address; City; State; Zip Code Los Osos, CA 93402	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe, Edward <hr/> Contributor address; City; State; Zip Code Bakersfield, CA 93306-2406	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe, Edward <hr/> Contributor address; City; State; Zip Code Bakersfield, CA 93306-2406	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johns, Sharon <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95818	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johns, Sharon <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95818	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 163/380 Rpt: 166/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Cameron <hr/> 6 Contributor address; City; State; Zip Code Marietta, GA 30060	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Ophthalmologist		9 Employer (See Instructions) Milan Eye Center
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Carol <hr/> Contributor address; City; State; Zip Code Cedar Creek, TX 78612	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gilda <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) NP		Employer (See Instructions) Ardmore peds
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gilda <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19131	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Np		Employer (See Instructions) Ardmore peds
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gilda <hr/> Contributor address; City; State; Zip Code Phila, PA 19131	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Woodbury Pediatrics

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 164/380 Rpt: 167/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gilda <hr/> 6 Contributor address; City; State; Zip Code Philadelphia, PA 19131	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) NP		9 Employer (See Instructions) Ardmore Peds
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gilda <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) NP		Employer (See Instructions) Ardmore peds
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gilda <hr/> Contributor address; City; State; Zip Code Phila, PA 19131	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Woodbury Pediatrics
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gilda <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) NP		Employer (See Instructions) Ardmore Peds
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gilda <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) NP		Employer (See Instructions) Ardmore peds

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 165/380 Rpt: 168/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Diane <hr/> 6 Contributor address; City; State; Zip Code Deerfield Beach, FL 33442	7 Amount of Contribution (\$) \$124.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Jeffrey <hr/> Contributor address; City; State; Zip Code Columbus, IN 47203	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Na
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Mina <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11215	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Old Stone House
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Mina <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11215	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Old Stone House
Date 11/13/2024	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	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 166/380 Rpt: 169/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/13/2024	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	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) self
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KADEN, LAUREN <hr/> Contributor address; City; State; Zip Code Riverwoods, IL 60015	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KADEN, LAUREN <hr/> Contributor address; City; State; Zip Code Riverwoods, IL 60015	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KNOX, MELBURN <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) satan
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KNOX, MELBURN <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) satan

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 167/380 Rpt: 170/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KUHN, GORDON <hr/> 6 Contributor address; City; State; Zip Code Okatie, SC 29909	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KUHN, GORDON <hr/> Contributor address; City; State; Zip Code Okatie, SC 29909	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaemmerlen, John <hr/> Contributor address; City; State; Zip Code Fairport, NY 14450	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kahn, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Self
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kahn, David <hr/> Contributor address; City; State; Zip Code Dallas, TX 75209	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Veterinarian		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 168/380 Rpt: 171/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kain, Robert <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75208	7 Amount of Contribution (\$) \$100.25
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) WF
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalb, Matthew <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Telecom Engineer		Employer (See Instructions) Verizon
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalb, Matthew <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Telecom Engineer		Employer (See Instructions) Verizon
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula <hr/> Contributor address; City; State; Zip Code Oakland, CA 94612	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula <hr/> Contributor address; City; State; Zip Code Oakland, CA 94612	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 169/380 Rpt: 172/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94612	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula <hr/> Contributor address; City; State; Zip Code Oakland, CA 94612	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula <hr/> Contributor address; City; State; Zip Code Oakland, CA 94612	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula <hr/> Contributor address; City; State; Zip Code Oakland, CA 94612	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula <hr/> Contributor address; City; State; Zip Code Oakland, CA 94612	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 170/380 Rpt: 173/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94612	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula <hr/> Contributor address; City; State; Zip Code Oakland, CA 94612	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula <hr/> Contributor address; City; State; Zip Code Oakland, CA 94612	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula <hr/> Contributor address; City; State; Zip Code Oakland, CA 94612	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula <hr/> Contributor address; City; State; Zip Code Oakland, CA 94612	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 171/380 Rpt: 174/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kallenberg, Paula <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94612	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kamer, Teresa <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 91423	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) designer		Employer (See Instructions) self
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kane, Matthew <hr/> Contributor address; City; State; Zip Code Salem, MA 01970	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Software engineer		Employer (See Instructions) Spotify
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kao, Victor <hr/> Contributor address; City; State; Zip Code Manhattan, NY 10024	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) American International Group Inc.
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katsh-Williams, Halley <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 172/380 Rpt: 175/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufman, Allan <hr/> 6 Contributor address; City; State; Zip Code Teaneck, NJ 07666	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Actuary		9 Employer (See Instructions) FTI Consulting
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufman, Allan <hr/> Contributor address; City; State; Zip Code Teaneck, NJ 07666	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Actuary		Employer (See Instructions) FTI Consulting
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufman, Linda <hr/> Contributor address; City; State; Zip Code Lexington, MA 02421	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufman, Linda <hr/> Contributor address; City; State; Zip Code Lexington, MA 02421	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keating, Heather <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$100.24
Principal occupation / Job title (See Instructions) Event rental		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 173/380 Rpt: 176/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keiger, Darr <hr/> 6 Contributor address; City; State; Zip Code Miami, FL 33131	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Pilot		9 Employer (See Instructions) American Airlines
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keipert, Lisa <hr/> Contributor address; City; State; Zip Code Wilmette, IL 60091	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Litigation Assistant		Employer (See Instructions) Law Offices of R.F. Wittmeyer
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keipert, Lisa <hr/> Contributor address; City; State; Zip Code Wilmette, IL 60091	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Litigation Assistant		Employer (See Instructions) Law Offices of R.F. Wittmeyer
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Constance <hr/> Contributor address; City; State; Zip Code Riverside, CA 92509	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Constance <hr/> Contributor address; City; State; Zip Code Riverside, CA 92509	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 174/380 Rpt: 177/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Constance <hr/> 6 Contributor address; City; State; Zip Code Riverside, CA 92509	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kern, Julie <hr/> Contributor address; City; State; Zip Code New York, NY 10128	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kesler, Paul <hr/> Contributor address; City; State; Zip Code Bridgeport, PA 19405	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kesler, Paul <hr/> Contributor address; City; State; Zip Code Bridgeport, PA 19405	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kesler, Paul <hr/> Contributor address; City; State; Zip Code Bridgeport, PA 19405	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 175/380 Rpt: 178/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Khare, Indrajit	7 Amount of Contribution (\$) \$124.00
6 Contributor address; City; State; Zip Code Sunnyvale, CA 94087		
8 Principal occupation / Job title (See Instructions) Head of Product		9 Employer (See Instructions) Convex
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killam, Adrian	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code West Lake Hills, TX 78746		
Principal occupation / Job title (See Instructions) Real estate		Employer (See Instructions) Self
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killam, Adrian	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code West Lake Hills, TX 78746		
Principal occupation / Job title (See Instructions) Real estate		Employer (See Instructions) Self
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kind, Gary	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Moss Beach, CA 94038-9696		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, William	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Needham, MA 02492		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 176/380 Rpt: 179/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) King, William	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Needham, MA 02492		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Ann	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Oakland, CA 94618		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klemann, Marie	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Naples, FL 34108		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klemann, Marie	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Naples, FL 34108		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klemann, Marie	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Naples, FL 34108		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 177/380 Rpt: 180/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kline, Julie	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Minneapolis, MN 55431		
8 Principal occupation / Job title (See Instructions) Sr. Creative Director		9 Employer (See Instructions) BI WORLDWIDE
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kline, Julie	Amount of Contribution (\$) \$45.00
Contributor address; City; State; Zip Code Minneapolis, MN 55431		
Principal occupation / Job title (See Instructions) Sr. Creative Director		Employer (See Instructions) BI WORLDWIDE
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Koerbel, Nancy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code PITTSBURGH, PA 15205		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) U of Pgh
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kogan, Robert	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Brooklyn, NY 11218		
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Springvale Apts Co.
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kovich, Sarah	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dallas, TX 75229		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Rideshare2vote

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 178/380 Rpt: 181/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kovich, Sarah	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Dallas, TX 75229		
8 Principal occupation / Job title (See Instructions) Owner		9 Employer (See Instructions) Rideshare2vote
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kovich, Sarah	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Dallas, TX 75229		
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Rideshare2vote
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraft, Evan	Amount of Contribution (\$) \$124.00
Contributor address; City; State; Zip Code Wayne, NJ 07470		
Principal occupation / Job title (See Instructions) College Professor		Employer (See Instructions) American University
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraft, Evan	Amount of Contribution (\$) \$124.00
Contributor address; City; State; Zip Code Wayne, NJ 07470		
Principal occupation / Job title (See Instructions) College Professor		Employer (See Instructions) American University
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraft, Evan	Amount of Contribution (\$) \$124.00
Contributor address; City; State; Zip Code Wayne, NJ 07470		
Principal occupation / Job title (See Instructions) College Professor		Employer (See Instructions) American University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 179/380 Rpt: 182/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krasner, Larry <hr/> 6 Contributor address; City; State; Zip Code Burlington, VT 05408-2793	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krause, Libby <hr/> Contributor address; City; State; Zip Code Rockport, TX 78382	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self
Date 12/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krause, Libby <hr/> Contributor address; City; State; Zip Code Rockport, TX 78382	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krug, Courtney <hr/> Contributor address; City; State; Zip Code Bellwood, PA 16617	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) IRS
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krugel-Ler, Cheryl <hr/> Contributor address; City; State; Zip Code Chicago, IL 60657	Amount of Contribution (\$) \$72.00
Principal occupation / Job title (See Instructions) Songrapher		Employer (See Instructions) Northwestern Memorial Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 180/380 Rpt: 183/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krulewitz, Judith <hr/> 6 Contributor address; City; State; Zip Code Arlington, MA 02476-8019	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kubecka, Michael <hr/> Contributor address; City; State; Zip Code Alameda, CA 94501	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Network Engr		Employer (See Instructions) Expedia Inc
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Gordon <hr/> Contributor address; City; State; Zip Code Okatie, SC 29909	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuipers, Benjamin <hr/> Contributor address; City; State; Zip Code Ypsilanti, MI 48197	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kulick, Karen <hr/> Contributor address; City; State; Zip Code Norco, CA 92860	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) business analyst		Employer (See Instructions) Monster Energy Co.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 181/380 Rpt: 184/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kumar, Seema <hr/> 6 Contributor address; City; State; Zip Code McLean, VA 22101	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Mytonomy
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kutzko, Deborah <hr/> Contributor address; City; State; Zip Code Burlington, VT 05401	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kutzko, Deborah <hr/> Contributor address; City; State; Zip Code Burlington, VT 05401	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEI, YUANYUAN <hr/> Contributor address; City; State; Zip Code SEATTLE, WA 98119	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) microsoft
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LEI, YUANYUAN <hr/> Contributor address; City; State; Zip Code SEATTLE, WA 98119	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) microsoft

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 182/380 Rpt: 185/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaMothe, Kimerer <hr/> 6 Contributor address; City; State; Zip Code Granville, NY 12832	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) writer		9 Employer (See Instructions) self
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaPaglia, Nancy <hr/> Contributor address; City; State; Zip Code Portland, OR 97215	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) LaRose, David <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55405	Amount of Contribution (\$) \$1,024.00
Principal occupation / Job title (See Instructions) Chief Scientist		Employer (See Instructions) Carnegie Robotics
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Labat, Terry <hr/> Contributor address; City; State; Zip Code Fairfax, VA 22031	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lacy, Leslie <hr/> Contributor address; City; State; Zip Code Boulder, CO 80302	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 183/380 Rpt: 186/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lacy, Leslie	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Boulder, CO 80302	
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lacy, Leslie	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Boulder, CO 80302	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lacy, Leslie	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Boulder, CO 80302	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lacy, Leslie	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Boulder, CO 80302	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lacy, Leslie	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Boulder, CO 80302	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 184/380 Rpt: 187/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lacy, Leslie	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Boulder, CO 80302		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lagerblad, Robert	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Corinth, TX 76210		
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Merlin Automation Inc.
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lagerblad, Robert	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Corinth, TX 76210		
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Merlin Automation Inc.
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamb, Dr James	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Knoxville, TN 37923		
Principal occupation / Job title (See Instructions) chemist technical editor		Employer (See Instructions) Cyclomedical International Inc.
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamb, Mrs Ann	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Knoxville, TN 37923		
Principal occupation / Job title (See Instructions) chemist technical editor		Employer (See Instructions) Cyclomedical International Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 185/380 Rpt: 188/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landau, Barbara	7 Amount of Contribution (\$) \$124.00
6 Contributor address; City; State; Zip Code Los Angeles, CA 90025		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Landy, Kami	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Alachua, FL 32615		
Principal occupation / Job title (See Instructions) Horseback riding instructor		Employer (See Instructions) Thumbs Up Riding School
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lang, Gerry	Amount of Contribution (\$) \$20.24
Contributor address; City; State; Zip Code Westport, CT 06880		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lang, Gerry	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Westport, CT 06880		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lang, Gerry	Amount of Contribution (\$) \$20.24
Contributor address; City; State; Zip Code Westport, CT 06880		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 186/380 Rpt: 189/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lang, Gerry <hr/> 6 Contributor address; City; State; Zip Code Westport, CT 06880	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lang, Loran <hr/> Contributor address; City; State; Zip Code Boston, MA 02118	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) State of Massachusetts
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langan, Susan <hr/> Contributor address; City; State; Zip Code Winnetka, IL 60093	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Active Alliance Counseling
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langari, Reza <hr/> Contributor address; City; State; Zip Code College Station, TX 77841-2977	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) TAMU
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langari, Reza <hr/> Contributor address; City; State; Zip Code College Station, TX 77841-2977	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) TAMU

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 187/380 Rpt: 190/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langari, Reza <hr/> 6 Contributor address; City; State; Zip Code College Station, TX 77841-2977	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) TAMU
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langer, Dr Lisa <hr/> Contributor address; City; State; Zip Code Lloyd Neck, NY 11743	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Clinical Psychologist		Employer (See Instructions) Self
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langerman, Jessica <hr/> Contributor address; City; State; Zip Code Chevy Chase, MD 20815	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Textile artist		Employer (See Instructions) self
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langerman, Jessica <hr/> Contributor address; City; State; Zip Code Chevy Chase, MD 20815	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Textile artist		Employer (See Instructions) self
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langman, Claudia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60647	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 188/380 Rpt: 191/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langman, Claudia	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Chicago, IL 60647		
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) Self
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langman, Claudia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Chicago, IL 60647		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Robyn	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Paoli, PA 19301		
Principal occupation / Job title (See Instructions) Project manager		Employer (See Instructions) Central Caribbean Marine Institute
Date 12/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larkin, Robyn	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Paoli, PA 19301		
Principal occupation / Job title (See Instructions) Project manager		Employer (See Instructions) Central Caribbean Marine Institute
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larson, Judith	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New Canaan, CT 06840		
Principal occupation / Job title (See Instructions) designer		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 189/380 Rpt: 192/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larson, Judith <hr/> 6 Contributor address; City; State; Zip Code New Canaan, CT 06840	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) designer		9 Employer (See Instructions) self
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lattimore, Rachel <hr/> Contributor address; City; State; Zip Code Washington, DC 20009	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) CropLife America
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laubach, Ann <hr/> Contributor address; City; State; Zip Code Austin, TX 78701	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawlor, Bonnie <hr/> Contributor address; City; State; Zip Code North Bend, WA 98045	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leake, David <hr/> Contributor address; City; State; Zip Code Kaneohe, HI 96744	Amount of Contribution (\$) \$100.25
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UH Center on Disability Studies

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 190/380 Rpt: 193/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leake, David <hr/> 6 Contributor address; City; State; Zip Code Kaneohe, HI 96744	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) UH Center on Disability Studies
Date 12/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leake, David <hr/> Contributor address; City; State; Zip Code Kaneohe, HI 96744	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UH Center on Disability Studies
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leavitt, Naomi <hr/> Contributor address; City; State; Zip Code Arlington, MA 02476	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lechniak, Niki <hr/> Contributor address; City; State; Zip Code Louisville, KY 40217	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Video producer		Employer (See Instructions) City of Louisville
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lee, Clara <hr/> Contributor address; City; State; Zip Code PACIFICA, CA 94044-4016	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Splunk Inc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 191/380 Rpt: 194/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/13/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leef, Karen <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78746	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leef, Karen <hr/> Contributor address; City; State; Zip Code Austin, TX 78746	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leewis, Keith <hr/> Contributor address; City; State; Zip Code Arlington Heights, IL 60005	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leewis, Keith <hr/> Contributor address; City; State; Zip Code Arlington Heights, IL 60005	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leicher, Dorothea <hr/> Contributor address; City; State; Zip Code Columbia Cross Roads, PA 16914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 192/380 Rpt: 195/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leicher, Dorothea <hr/> 6 Contributor address; City; State; Zip Code Columbia Cross Roads, PA 16914	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leicher, Dorothea <hr/> Contributor address; City; State; Zip Code Columbia Cross Roads, PA 16914	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leicht, Liz <hr/> Contributor address; City; State; Zip Code Scotch Plains, NJ 07076	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) IBM
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemm, Helen <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemos filho, Luciano <hr/> Contributor address; City; State; Zip Code Englewood, CO 80113-1701	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) MD		Employer (See Instructions) NJ health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 193/380 Rpt: 196/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemos filho, Luciano <hr/> 6 Contributor address; City; State; Zip Code Englewood, CO 80113-1701	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) MD		9 Employer (See Instructions) NJ health
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leonard MD, Charles F <hr/> Contributor address; City; State; Zip Code Stoughton, MA 02072	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions) Self-employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leveille, Marlee <hr/> Contributor address; City; State; Zip Code Cumberland County, ME 04108	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Salesforce Administrator		Employer (See Instructions) Health Catalyst
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Jonathan <hr/> Contributor address; City; State; Zip Code Fairfax, VA 22032	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) IT Director		Employer (See Instructions) Cognizant
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levy, Lisa <hr/> Contributor address; City; State; Zip Code Hoboken, NJ 07030	Amount of Contribution (\$) \$50.25
Principal occupation / Job title (See Instructions) VP Sales		Employer (See Instructions) Robbins Entertainment

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 194/380 Rpt: 197/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lew, Richard <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94608	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) manager		9 Employer (See Instructions) CompassPoint
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lew, Richard <hr/> Contributor address; City; State; Zip Code Oakland, CA 94608	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) manager		Employer (See Instructions) CompassPoint
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lew, Richard <hr/> Contributor address; City; State; Zip Code Oakland, CA 94608	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) manager		Employer (See Instructions) CompassPoint
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, David <hr/> Contributor address; City; State; Zip Code Annandale, VA 22003	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, David <hr/> Contributor address; City; State; Zip Code Annandale, VA 22003	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 195/380 Rpt: 198/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Judith	7 Amount of Contribution (\$) \$20.24
6 Contributor address; City; State; Zip Code Los Angeles, CA 91606		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Judith	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Los Angeles, CA 91606		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Madelon	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Portland, OR 97202		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) none
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Madelon	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Portland, OR 97202		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) none
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lexton, Lauren	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Encino, CA 91436		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 196/380 Rpt: 199/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lexton, Lauren	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Encino, CA 91436		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lexton, Lauren	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Encino, CA 91436		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Libman, Leslie	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Los Angeles, CA 90049		
Principal occupation / Job title (See Instructions) director		Employer (See Instructions) doublell ranch prods. inc.
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lidz, Jerry	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Eugene, OR 97403		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lieberman, Robert	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code South Euclid, OH 44121		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 197/380 Rpt: 200/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lieberman, Robert <hr/> 6 Contributor address; City; State; Zip Code South Euclid, OH 44121	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lilly, Jeffrey <hr/> Contributor address; City; State; Zip Code Ferndale, MI 48220	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) self		Employer (See Instructions) self
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindahl, Shawn <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94131	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Section Admin		Employer (See Instructions) MTC
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindbloom, Larry <hr/> Contributor address; City; State; Zip Code Wilmette, IL 60091	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindner, Judith <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45227	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) data entry clerk		Employer (See Instructions) Freestore Foodbank

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 198/380 Rpt: 201/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindner, Judith	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Cincinnati, OH 45227		
8 Principal occupation / Job title (See Instructions) data entry clerk		9 Employer (See Instructions) Freestore Foodbank
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindner, Judith	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Cincinnati, OH 45227		
Principal occupation / Job title (See Instructions) data entry clerk		Employer (See Instructions) Freestore Foodbank
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linstrom, Katherine	Amount of Contribution (\$) \$20.24
Contributor address; City; State; Zip Code Guilford, CT 06437		
Principal occupation / Job title (See Instructions) HR		Employer (See Instructions) MedImmune
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Linzi, Anna T	Amount of Contribution (\$) \$20.24
Contributor address; City; State; Zip Code North Easton, MA 02356		
Principal occupation / Job title (See Instructions) Physical therapist		Employer (See Instructions) Self
Date 11/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisowski, Robert	Amount of Contribution (\$) \$8.00
Contributor address; City; State; Zip Code Edison, NJ 08820		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 199/380 Rpt: 202/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lisowski, Robert <hr/> 6 Contributor address; City; State; Zip Code Edison, NJ 08820	7 Amount of Contribution (\$) \$8.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Little, William <hr/> Contributor address; City; State; Zip Code Chicago, IL 60660	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Little, William <hr/> Contributor address; City; State; Zip Code Chicago, IL 60660	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Liu, Alex <hr/> Contributor address; City; State; Zip Code Jackson Heights, NY 11372	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Google
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Love, Kathleen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 200/380 Rpt: 203/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Love, Kathleen <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75218	7 Amount of Contribution (\$) \$50.25
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowenstein, Arthur <hr/> Contributor address; City; State; Zip Code Garrison, NY 10524	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Virginia <hr/> Contributor address; City; State; Zip Code New Orleans, LA 70119	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Virginia <hr/> Contributor address; City; State; Zip Code New Orleans, LA 70119	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Virginia <hr/> Contributor address; City; State; Zip Code New Orleans, LA 70119	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 201/380 Rpt: 204/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry, Sally <hr/> 6 Contributor address; City; State; Zip Code Henderson, NV 89011	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) none
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry, Sally <hr/> Contributor address; City; State; Zip Code Henderson, NV 89011	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry, Sally <hr/> Contributor address; City; State; Zip Code Henderson, NV 89011	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry, Sally <hr/> Contributor address; City; State; Zip Code Henderson, NV 89011	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lucas, Valerie <hr/> Contributor address; City; State; Zip Code Walpole, MA 02081	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) wps

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 202/380 Rpt: 205/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lukeman, Philip <hr/> 6 Contributor address; City; State; Zip Code JACKSON HEIGHTS, NY 11372	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Associate Professor		9 Employer (See Instructions) St Johns University
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luksenburg, Lillian <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20902	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Univ. of Maryland
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luksenburg, Lillian <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20902	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Univ. of Maryland
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luksenburg, Lillian <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20902	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Univ. of Maryland
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lumpkin, Paul <hr/> Contributor address; City; State; Zip Code Whitefish, MT 59937	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 203/380 Rpt: 206/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lund, Valerie	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Hillsborough, NC 27278		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lundeen, Nancy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Corvallis, OR 97330		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lupia, Francesca	Amount of Contribution (\$) \$47.00
Contributor address; City; State; Zip Code Ann Arbor, MI 48104		
Principal occupation / Job title (See Instructions) Doctoral Student		Employer (See Instructions) European University Institute
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luterman, Alison	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Oakland, CA 94601		
Principal occupation / Job title (See Instructions) writing teacher		Employer (See Instructions) self
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyman, Alice	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Corvallis, OR 97330		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 204/380 Rpt: 207/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyman, Alice	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Corvallis, OR 97330		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyman, Alice	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Corvallis, OR 97330		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynch, Kathleen	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code New York, NY 10023		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyon, Timothy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Hillsboro, OR 97124		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Intel Inc.
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyons, Lorna	Amount of Contribution (\$) \$20.24
Contributor address; City; State; Zip Code PORTLAND, OR 97210		
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 205/380 Rpt: 208/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyons, Lorna <hr/> 6 Contributor address; City; State; Zip Code PORTLAND, OR 97210	7 Amount of Contribution (\$) \$20.24
8 Principal occupation / Job title (See Instructions) consultant		9 Employer (See Instructions) self
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyons, Lorna <hr/> Contributor address; City; State; Zip Code PORTLAND, OR 97210	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyris, Sonia <hr/> Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) author		Employer (See Instructions) Self
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lytle, Steven <hr/> Contributor address; City; State; Zip Code Urbandale, IA 50322	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lytle, Steven <hr/> Contributor address; City; State; Zip Code Urbandale, IA 50322	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 206/380 Rpt: 209/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lytle, Steven <hr/> 6 Contributor address; City; State; Zip Code Urbandale, IA 50322	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M Link, Kevin <hr/> Contributor address; City; State; Zip Code Chicago, IL 60626	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Technical Product Manager		Employer (See Instructions) Solera Network
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MAGUIRE, Phyllis <hr/> Contributor address; City; State; Zip Code Yardley, PA 19067	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Roman Press
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MARLOW, LAURIN <hr/> Contributor address; City; State; Zip Code Livingston, TX 77399	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MICHAELS, MICKEY <hr/> Contributor address; City; State; Zip Code Round Rock, TX 78665	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 207/380 Rpt: 210/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MITCHELL, Laura <hr/> 6 Contributor address; City; State; Zip Code Redwood City, CA 94061	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Swim Coach		9 Employer (See Instructions) Alto Swim Club
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORGAN, GEORGIA <hr/> Contributor address; City; State; Zip Code BRATTLEBORO, VT 05301	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORGAN, GEORGIA <hr/> Contributor address; City; State; Zip Code BRATTLEBORO, VT 05301	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacLean, Andrew <hr/> Contributor address; City; State; Zip Code Camino, CA 95709	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mack, Kerry <hr/> Contributor address; City; State; Zip Code Englewood, FL 34223	Amount of Contribution (\$) \$50.25
Principal occupation / Job title (See Instructions) trial lawyer		Employer (See Instructions) Mack Law Firm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 208/380 Rpt: 211/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mack, Rhoda <hr/> 6 Contributor address; City; State; Zip Code Carlisle, PA 17013	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Magee, Andrew <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90035	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) Data Scientist		Employer (See Instructions) CDC
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maguire, Marian <hr/> Contributor address; City; State; Zip Code Novato, CA 94947	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maizel, Richard <hr/> Contributor address; City; State; Zip Code RED BANK, NJ 07701	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) R.W. Maizel F.L.P.
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Majid, Aneesa <hr/> Contributor address; City; State; Zip Code Chicago, IL 60611	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 209/380 Rpt: 212/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malamud, Donna <hr/> 6 Contributor address; City; State; Zip Code Venice, CA 90291	7 Amount of Contribution (\$) \$36.00
8 Principal occupation / Job title (See Instructions) mom		9 Employer (See Instructions) self
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Paticia <hr/> Contributor address; City; State; Zip Code New York, NY 10033	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Paticia <hr/> Contributor address; City; State; Zip Code New York, NY 10033	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Patricia <hr/> Contributor address; City; State; Zip Code NY, NY 10033	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Patricia <hr/> Contributor address; City; State; Zip Code New York, NY 10033	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 210/380 Rpt: 213/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Patricia	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code New York, NJ 10033		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Patricia	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New York, NY 10033		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Patricia	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code NY, NY 10033		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Patricia	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code New York, NY 10033		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Patricia	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code New York, NJ 10033		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 211/380 Rpt: 214/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Patricia <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10033	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallory, Douglas <hr/> Contributor address; City; State; Zip Code Levittown, NY 11756	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 12/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallory, Douglas <hr/> Contributor address; City; State; Zip Code Levittown, NY 11756	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Jeffrey <hr/> Contributor address; City; State; Zip Code Ben Lomond, CA 95005-9217	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) spiritual teacher		Employer (See Instructions) self
Date 12/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Jeffrey <hr/> Contributor address; City; State; Zip Code Ben Lomond, CA 95005-9217	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) spiritual teacher		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 212/380 Rpt: 215/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malven, Tania J.	7 Amount of Contribution (\$) \$5.00
	6 Contributor address; City; State; Zip Code Tucson, AZ 85719	
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) none
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malven, Tania J.	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Tucson, AZ 85719	
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mandal, Ayan	Amount of Contribution (\$) \$512.00
	Contributor address; City; State; Zip Code Oakland, CA 94611	
Principal occupation / Job title (See Instructions) Self Employed		Employer (See Instructions) Self
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Bonnie	Amount of Contribution (\$) \$60.00
	Contributor address; City; State; Zip Code Quincy, MA 02169	
Principal occupation / Job title (See Instructions) xxx		Employer (See Instructions) xxx
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maracek, Ben	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Beaver, PA 15009	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Beaver Area High School

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 213/380 Rpt: 216/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maracek, Ben	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Beaver, PA 15009	
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Beaver Area High School
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maracek, Ben	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Beaver, PA 15009	
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Beaver Area High School
Date 11/01/2024	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	
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markovich, Susan	Amount of Contribution (\$) \$3.00
	Contributor address; City; State; Zip Code Tucson, AZ 85718	
Principal occupation / Job title (See Instructions) Faculty/RN		Employer (See Instructions) U. of Arizona
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlowe, Thomas	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Rahway, NJ 07065	
Principal occupation / Job title (See Instructions) Professor Emeritus		Employer (See Instructions) Seton Hall University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 214/380 Rpt: 217/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquand, James <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10025	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Real Estate Broker		9 Employer (See Instructions) Charles Rutenberg LLC
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marquardt, Karen <hr/> Contributor address; City; State; Zip Code Circle Pines, MN 55014	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Hennepin County
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marshall, Gary <hr/> Contributor address; City; State; Zip Code Framingham, MA 01701	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Repare Therapeuticw
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Benjamin <hr/> Contributor address; City; State; Zip Code Austin, TX 78753	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Thrivent
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Randi <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Rice University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 215/380 Rpt: 218/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Randi	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Houston, TX 77021		
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Rice University
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Randi	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Houston, TX 77021		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Rice University
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marton, Thomas	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Brookline, MA 02446		
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Lourie & Cutler PC
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martz, Eric	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Farmington, CT 06032		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martz, Eric	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Amherst, MA 01002-3117		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 216/380 Rpt: 219/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martz, Eric <hr/> 6 Contributor address; City; State; Zip Code Farmington, CT 06032	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maruca, Sam <hr/> Contributor address; City; State; Zip Code Washington, DC 20008	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Covington & Burling LLP
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maruca, Sam <hr/> Contributor address; City; State; Zip Code Washington, DC 20008	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Covington & Burling LLP
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maschal, Alberta <hr/> Contributor address; City; State; Zip Code Colonial Beach, VA 22443	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Majestic Builders Corp.
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maschal, Alberta <hr/> Contributor address; City; State; Zip Code Colonial Beach, VA 22443	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Majestic Builders Corp.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 217/380 Rpt: 220/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Masciangelo, Kara <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10003	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Librarian		9 Employer (See Instructions) FRBNY
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Sally D. <hr/> Contributor address; City; State; Zip Code Williamsburg, VA 23188	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Sally D. <hr/> Contributor address; City; State; Zip Code Williamsburg, VA 23188	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mathis, Allison <hr/> Contributor address; City; State; Zip Code Rockville, MD 20854	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) engineer		Employer (See Instructions) ARL
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Leah <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-4050	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 218/380 Rpt: 221/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Leah <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75248-4050	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Norman <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15212	Amount of Contribution (\$) \$50.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Norman <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15212	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Norman <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15212	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAnelly, Elaine <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 219/380 Rpt: 222/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAnelly, Elaine <hr/> 6 Contributor address; City; State; Zip Code Cypress, TX 77433	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Mary <hr/> Contributor address; City; State; Zip Code Brattleboro, VT 05301	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Wellness Works
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Sally <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95404	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarty, Mari <hr/> Contributor address; City; State; Zip Code Madison, WI 53726	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCloskey, Helen <hr/> Contributor address; City; State; Zip Code Rumsey, CA 95679	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 220/380 Rpt: 223/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCloskey, Helen <hr/> 6 Contributor address; City; State; Zip Code Rumsey, CA 95679	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McClure, D <hr/> Contributor address; City; State; Zip Code Battle Ground, WA 98604	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McConlogue, Joe <hr/> Contributor address; City; State; Zip Code Harrisburg, PA 17223	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCorkle-Beckerman, Marian <hr/> Contributor address; City; State; Zip Code Stone Ridge, NY 12484	Amount of Contribution (\$) \$50.25
Principal occupation / Job title (See Instructions) Graphic Designer		Employer (See Instructions) Aquent
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDermott, Leone <hr/> Contributor address; City; State; Zip Code Chicago, IL 60645	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 221/380 Rpt: 224/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Washington, DC 20008		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Washington, DC 20008		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan	Amount of Contribution (\$) \$124.00
Contributor address; City; State; Zip Code Washington, DC 20008		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Washington, DC 20008		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Washington, DC 20008		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 222/380 Rpt: 225/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Washington, DC 20008		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Washington, DC 20008		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Washington, DC 20008		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy	Amount of Contribution (\$) \$3.00
Contributor address; City; State; Zip Code Dallas, TX 75248		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Dallas, TX 75248		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 223/380 Rpt: 226/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75248	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Self
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Brendan <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95820	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Taborda Solutions
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGuire, Jeannie M <hr/> Contributor address; City; State; Zip Code Montville, NJ 07045	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) marketing consultant		Employer (See Instructions) self
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McHenney, Monica <hr/> Contributor address; City; State; Zip Code PALO ALTO, CA 94306	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 224/380 Rpt: 227/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Sara <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77006	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McIntosh, Sara <hr/> Contributor address; City; State; Zip Code Houston, TX 77006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLain, Lisa <hr/> Contributor address; City; State; Zip Code Lake Forest, CA 92630	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) self (dba McLain ID Consulting)
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLure, Nancy <hr/> Contributor address; City; State; Zip Code Westborough, MA 01581	Amount of Contribution (\$) \$10.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLure, Nancy <hr/> Contributor address; City; State; Zip Code Westborough, MA 01581	Amount of Contribution (\$) \$10.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 225/380 Rpt: 228/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Lance	7 Amount of Contribution (\$) \$2.00
6 Contributor address; City; State; Zip Code Orangevale, CA 95662		
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) State of California
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Lance	Amount of Contribution (\$) \$2.00
Contributor address; City; State; Zip Code Orangevale, CA 95662		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) State of California
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNiel, Betty	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Bellevue, WA 98006		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McNussen, Patricia	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Champaign, IL 61822		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPhail, Heather A	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Arlington, VA 22204		
Principal occupation / Job title (See Instructions) Dance Instructor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 226/380 Rpt: 229/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPhail, Heather A <hr/> 6 Contributor address; City; State; Zip Code Arlington, VA 22204	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Dance Instructor		9 Employer (See Instructions) Self
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McPherson, Anna <hr/> Contributor address; City; State; Zip Code Escondido, CA 92029	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) City Planner		Employer (See Instructions) Atlantis Group
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McRae, Nancy <hr/> Contributor address; City; State; Zip Code Pepperell, MA 01463	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McWatters, Ken <hr/> Contributor address; City; State; Zip Code Sherman, TX 75092	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Godrej Americas
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcarthur, Jacqueline <hr/> Contributor address; City; State; Zip Code Mercer Island, WA 98040	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Concierge		Employer (See Instructions) American Pacific Mortgage

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 227/380 Rpt: 230/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mcarthur, Jacqueline <hr/> 6 Contributor address; City; State; Zip Code Mercer Island, WA 98040	7 Amount of Contribution (\$) \$45.00
8 Principal occupation / Job title (See Instructions) Concierge		9 Employer (See Instructions) American Pacific Mortgage
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mccue, Rob <hr/> Contributor address; City; State; Zip Code Columbia, SC 29201-1715	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Massage Therapist		Employer (See Instructions) Self
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Means, Constance <hr/> Contributor address; City; State; Zip Code Olympia Fields, IL 60461	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Retired Educator		Employer (See Instructions) None
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medak, Ruth <hr/> Contributor address; City; State; Zip Code Portland, OR 97221	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Legacy Health
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Medina-Cue, Arthur <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90015	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) IT support		Employer (See Instructions) Altisource Solutions

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 228/380 Rpt: 231/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meggett, Joyce	7 Amount of Contribution (\$) \$175.00
6 Contributor address; City; State; Zip Code Chicago, IL 60626		
8 Principal occupation / Job title (See Instructions) Librarian		9 Employer (See Instructions) City Colleges of Chicago
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehaffy, Mary	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Santa Fe, NM 87505		
Principal occupation / Job title (See Instructions) landscape architect		Employer (See Instructions) self
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mehta, Neha	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Pittsburgh, PA 15241		
Principal occupation / Job title (See Instructions) Epidemiologist		Employer (See Instructions) Public health
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meibach, Ina	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code New York, NY 10023		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meibach, Ina	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code New York, NY 10023		
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 229/380 Rpt: 232/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mellea, Brian <hr/> 6 Contributor address; City; State; Zip Code Los Altos, CA 94022	7 Amount of Contribution (\$) \$124.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mendiola, Juno <hr/> Contributor address; City; State; Zip Code King Of Prussia, PA 19406	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Graphic Designer		Employer (See Instructions) Brian Brothers
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menefee, Bruce <hr/> Contributor address; City; State; Zip Code BURBANK, CA 91505	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menefee, Bruce <hr/> Contributor address; City; State; Zip Code BURBANK, CA 91505	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meredith, Alissa <hr/> Contributor address; City; State; Zip Code Escondido, CA 92026	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Scripps Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 230/380 Rpt: 233/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meredith, Vicki	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Bothell, WA 98012		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meredith, Vicki	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bothell, WA 98012		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meredith, Vicki	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Bothell, WA 98012		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Marjorie	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Houston, TX 77055		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Marjorie	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Houston, TX 77055		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 231/380 Rpt: 234/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Marjorie <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77055	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mickelberry, Patricia <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27514	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Editor		Employer (See Instructions) Self
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Cara <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90048	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Cara <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90048	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, James <hr/> Contributor address; City; State; Zip Code Clinton, ME 04927	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 232/380 Rpt: 235/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Jan <hr/> 6 Contributor address; City; State; Zip Code Millbrook, NY 12545	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Lisa <hr/> Contributor address; City; State; Zip Code Portlan, OR 97219	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milne, Cynthia <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milne, Cynthia <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mindes, Paula <hr/> Contributor address; City; State; Zip Code Cleveland Hts, OH 44118	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 233/380 Rpt: 236/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mindes, Paula	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Cleveland Hts, OH 44118		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) retired
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mindes, Paula	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Cleveland Hts, OH 44118		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miner, Richard	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Cambridge, MA 02138-2241		
Principal occupation / Job title (See Instructions) Executive		Employer (See Instructions) Google
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minor, Stephen	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code San Antonio, TX 78222		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Alamo community College District
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minsuk, Sharon	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Belmont, CA 94002		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 234/380 Rpt: 237/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minsuk, Sharon	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Belmont, CA 94002		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minsuk, Sharon	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Belmont, CA 94002		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Cristina	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Providence, RI 02906		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Coastal Medical
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitchell, Tracie	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Bowie, MD 20721		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moncrief, Lois	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Makawao, HI 96768		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 235/380 Rpt: 238/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monjure, Noel	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Cypress, TX 77429		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monjure, Noel	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Cypress, TX 77429		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monjure, Noel	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Cypress, TX 77429		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monjure, Noel	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Cypress, TX 77429		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, Claire	Amount of Contribution (\$) \$524.00
Contributor address; City; State; Zip Code Corvallis, OR 97330		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 236/380 Rpt: 239/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, Sarah Y <hr/> 6 Contributor address; City; State; Zip Code Bronx, NY 10463	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) NYCPS
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morgan, Claire <hr/> Contributor address; City; State; Zip Code Portland, OR 97229	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Judith <hr/> Contributor address; City; State; Zip Code Henderson, NV 89011	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Judith <hr/> Contributor address; City; State; Zip Code Henderson, NV 89011	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Judith <hr/> Contributor address; City; State; Zip Code Henderson, NV 89011	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 237/380 Rpt: 240/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Mary <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11215	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Mary <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11215	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrow, Teresa <hr/> Contributor address; City; State; Zip Code Macon, GA 31220	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Vocational Rehabilitation Counselor		Employer (See Instructions) Anthem/Elevance Health
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrow, Teresa <hr/> Contributor address; City; State; Zip Code Macon, GA 31220	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Vocational Rehabilitation Counselor		Employer (See Instructions) Anthem/Elevance Health
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morse, Frederick <hr/> Contributor address; City; State; Zip Code Chevy Chase, MD 20815	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) MAI

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 238/380 Rpt: 241/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moulton, Katherine <hr/> 6 Contributor address; City; State; Zip Code Baltimore, MD 21211	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) professor		9 Employer (See Instructions) JHU
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moulton, Sharon <hr/> Contributor address; City; State; Zip Code LEEDS, MA 01053	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moulton, Sharon <hr/> Contributor address; City; State; Zip Code LEEDS, MA 01053	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mountford, Gwaltney <hr/> Contributor address; City; State; Zip Code Concord, CA 94518	Amount of Contribution (\$) \$50.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Henry <hr/> Contributor address; City; State; Zip Code Washington, DC 20007	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) software engineer		Employer (See Instructions) handcrafted dev. llc

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 239/380 Rpt: 242/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murdock, Gail <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20017	7 Amount of Contribution (\$) \$20.24
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murdock, Gail <hr/> Contributor address; City; State; Zip Code Washington, DC 20017	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) DCPS
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murdock, Gail <hr/> Contributor address; City; State; Zip Code Washington, DC 20017	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murphy, Cynthia <hr/> Contributor address; City; State; Zip Code Buffalo, NY 14223-2306	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Clerk		Employer (See Instructions) Erie County Health Department
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray Fimbel, Marianne <hr/> Contributor address; City; State; Zip Code Lambertville, NJ 08530	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 240/380 Rpt: 243/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray Fimbel, Marianne <hr/> 6 Contributor address; City; State; Zip Code Lambertville, NJ 08530	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Myers, Amy <hr/> Contributor address; City; State; Zip Code Birmingham, AL 35235	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nackley, Daniel <hr/> Contributor address; City; State; Zip Code Hollidaysburg, PA 16648	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Department of Veterans Affairs VET-HOME Program
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nadeau, Bart <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94131-3238	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nadeau, Bart <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94131-3238	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 241/380 Rpt: 244/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nadeau, Christine <hr/> 6 Contributor address; City; State; Zip Code Hercules, CA 94547	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nadeau, Christine <hr/> Contributor address; City; State; Zip Code Hercules, CA 94547	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Navarro, Marita <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78218-3526	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Negrete, Charlotte <hr/> Contributor address; City; State; Zip Code Anaheim, CA 92806	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Adjunct Professor		Employer (See Instructions) Mt. San Antonio College
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nehm, Michael <hr/> Contributor address; City; State; Zip Code Sebastopol, CA 95472-9420	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 242/380 Rpt: 245/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nehm, Michael <hr/> 6 Contributor address; City; State; Zip Code Sebastopol, CA 95472-9420	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Virginia <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89135	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelson, Virginia <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89135	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nerken, Ruth <hr/> Contributor address; City; State; Zip Code New York, NY 10023	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self
Date 12/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nerken, Ruth <hr/> Contributor address; City; State; Zip Code New York, NY 10023	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 243/380 Rpt: 246/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Jamie	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Carrboro, NC 27510		
8 Principal occupation / Job title (See Instructions) Researcher		9 Employer (See Instructions) RTI
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newman, Janice	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Bronx, NY 10463		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Newtown, Sheila	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code De Peyster, NY 13633		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nexon, Norman	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Evanston, IL 60201		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nexon, Norman	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Evanston, IL 60201		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 244/380 Rpt: 247/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholls, Rosalie <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78748	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholls, Rosalie <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nolan, Lawrence <hr/> Contributor address; City; State; Zip Code Saint Louis, MO 63105	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nolan, Lawrence <hr/> Contributor address; City; State; Zip Code Saint Louis, MO 63105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nolan, Lawrence <hr/> Contributor address; City; State; Zip Code Saint Louis, MO 63105	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 245/380 Rpt: 248/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nolan, Lawrence	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Saint Louis, MO 63105		
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) none
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novinson, John	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Northbrook, IL 60062		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noyes, James	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Hilton Head Isalnd, SC 29928		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noyes, James	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Hilton Head Isalnd, SC 29928		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noyes, James	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Hilton Head Isalnd, SC 29928		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 246/380 Rpt: 249/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nye, Julie <hr/> 6 Contributor address; City; State; Zip Code Rougemont, NC 27572-6500	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nye, Julie <hr/> Contributor address; City; State; Zip Code Rougemont, NC 27572-6500	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ODonnell, Carol <hr/> Contributor address; City; State; Zip Code Hoboken, NJ 07030	Amount of Contribution (\$) \$20.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ODonnell, Carol <hr/> Contributor address; City; State; Zip Code Hoboken, NJ 07030	Amount of Contribution (\$) \$20.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OReilly, Alana <hr/> Contributor address; City; State; Zip Code Glenside, PA 19038	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Faculty		Employer (See Instructions) Fox Chase Cancer Center

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 247/380 Rpt: 250/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) OReilly, Maureen	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Dearborn, MI 48124		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oelsner, Leslie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Fayetteville, AR 72701		
Principal occupation / Job title (See Instructions) social worker		Employer (See Instructions) self
Date 12/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oelsner, Leslie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Fayetteville, AR 72701		
Principal occupation / Job title (See Instructions) social worker		Employer (See Instructions) self
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oftedahl, Sandy	Amount of Contribution (\$) \$262.00
Contributor address; City; State; Zip Code Waupaca, WI 54981		
Principal occupation / Job title (See Instructions) supply chain project manager		Employer (See Instructions) Target
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ohrstrom, George	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Berryville, VA 22611		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 248/380 Rpt: 251/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ollove, Sarah	7 Amount of Contribution (\$) \$24.00
6 Contributor address; City; State; Zip Code Philadelphia, PA 19147		
8 Principal occupation / Job title (See Instructions) theater artist		9 Employer (See Instructions) self employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborn, Michael	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Memphis, TN 38111		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborn, Michael	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Memphis, TN 38111		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborn, Michael	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Memphis, TN 38111		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osby, Shamanda	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Upper Marlboro, MD 20774		
Principal occupation / Job title (See Instructions) Supervisor		Employer (See Instructions) Fed Govt

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 249/380 Rpt: 252/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Otoshi, John <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94705	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Otoshi, John <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Owen, Julie <hr/> Contributor address; City; State; Zip Code Roanoke, VA 24018	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) PETERSON, Eric <hr/> Contributor address; City; State; Zip Code Richmond, CA 94804	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Educational Administrator		Employer (See Instructions) West Contra Costa Unified School District
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pacacha, Ronald <hr/> Contributor address; City; State; Zip Code Delray Beach, FL 33446	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) municipal lawyer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 250/380 Rpt: 253/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paciullo, Phyllis <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11211	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page, Allison <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Page, Allison <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palka, John <hr/> Contributor address; City; State; Zip Code Maple Grove, MN 55369	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palka, John <hr/> Contributor address; City; State; Zip Code Maple Grove, MN 55369	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 251/380 Rpt: 254/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Panjwani, M K <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77004	7 Amount of Contribution (\$) \$50.25
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paplin, Catherine <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11209	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Steven Winter Associates
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Bruce <hr/> Contributor address; City; State; Zip Code Boynton Beach, FL 33435	Amount of Contribution (\$) \$5,024.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parker, Jeremiah <hr/> Contributor address; City; State; Zip Code Crozet, VA 22932	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Morgan Lewis & Bockius LLP
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parr, James <hr/> Contributor address; City; State; Zip Code Bloomington, IL 61701	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 252/380 Rpt: 255/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parr, James <hr/> 6 Contributor address; City; State; Zip Code Bloomington, IL 61701	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Passalacqua, Karen <hr/> Contributor address; City; State; Zip Code Glen Cove, NY 11542	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Yoga teacher		Employer (See Instructions) Self
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pastin, Susan <hr/> Contributor address; City; State; Zip Code Chicago, IL 60626-2656	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pastin, Susan <hr/> Contributor address; City; State; Zip Code Chicago, IL 60626-2656	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patel, Mamta <hr/> Contributor address; City; State; Zip Code Chicago, IL 60642	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Discover

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 253/380 Rpt: 256/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Judith <hr/> 6 Contributor address; City; State; Zip Code Somerdale, NJ 08083	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Judith <hr/> Contributor address; City; State; Zip Code Somerdale, NJ 08083	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paulius, Lisa <hr/> Contributor address; City; State; Zip Code Kalamazoo, MI 49008	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) WMU
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paull, Evan <hr/> Contributor address; City; State; Zip Code Maplewood, NJ 07040	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Schrodinger
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pelham, Christopher <hr/> Contributor address; City; State; Zip Code New York, NY 10009	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) CRS

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 254/380 Rpt: 257/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pence, Clyde <hr/> 6 Contributor address; City; State; Zip Code Franklin, TN 37069-6516	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perkoski, Evan <hr/> Contributor address; City; State; Zip Code Manchester, CT 06040-4550	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Connecticut
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perlman, Lee <hr/> Contributor address; City; State; Zip Code Carlisle, MA 01741	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) M.I.T.
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perry, Jeff <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90067	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) ACTOR/TEACHER		Employer (See Instructions) SELF
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peters, Beverly <hr/> Contributor address; City; State; Zip Code Garland, TX 75043	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 255/380 Rpt: 258/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peters, Beverly <hr/> 6 Contributor address; City; State; Zip Code Garland, TX 75043	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peters, Matt <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85712-4651	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Senior Program Manager		Employer (See Instructions) University of Arizona
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Becky <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87111	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Becky Peterson
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Chris <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) acoustician		Employer (See Instructions) computer company
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peterson, Chris <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) acoustician		Employer (See Instructions) computer company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 256/380 Rpt: 259/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peugh, Bobby	7 Amount of Contribution (\$) \$20.24
6 Contributor address; City; State; Zip Code Boerne, TX 78006		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Picinini, Silvio	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Mountain House, CA 95391		
Principal occupation / Job title (See Instructions) Nlp		Employer (See Instructions) eBay
Date 12/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Picinini, Silvio	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Mountain House, CA 95391		
Principal occupation / Job title (See Instructions) Nlp		Employer (See Instructions) eBay
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pien, Edward	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Washington, DC 20016		
Principal occupation / Job title (See Instructions) Medical Doctor		Employer (See Instructions) Medstar Georgetown University Hospital
Date 12/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pien, Edward	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Washington, DC 20016		
Principal occupation / Job title (See Instructions) Medical Doctor		Employer (See Instructions) Medstar Georgetown University Hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 257/380 Rpt: 260/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pien, Natalie 6 Contributor address; City; State; Zip Code Leesburg, VA 20175	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pien, Natalie Contributor address; City; State; Zip Code Leesburg, VA 20175	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Christine Contributor address; City; State; Zip Code Carbondale, CO 81623	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pines, Mitchell Contributor address; City; State; Zip Code New York, NY 10023	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinezich, Lyn Contributor address; City; State; Zip Code Brooklyn, NY 11222-4206	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Film Production		Employer (See Instructions) Cast & Crew

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 258/380 Rpt: 261/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plichta, Michael <hr/> 6 Contributor address; City; State; Zip Code LITTLETON, CO 80127	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Paralegal		9 Employer (See Instructions) CBP
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plummer, Jerry <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95864	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Sacramento County retired
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plummer, Jerry <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95864	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Sacramento County retired
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plummer, Jerry <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95864	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Sacramento County retired
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plummer, Jerry <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95864	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Sacramento County retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 259/380 Rpt: 262/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plummer, Jerry <hr/> 6 Contributor address; City; State; Zip Code Sacramento, CA 95864	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Administrator		9 Employer (See Instructions) Sacramento County retired
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plummer, Jerry <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95864	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Sacramento County retired
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plummer, Jerry <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95864	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Sacramento County retired
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plummer, Jerry <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95864	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Sacramento County retired
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Plummer, Jerry <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95864	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Sacramento County retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 260/380 Rpt: 263/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pluta, Jackson <hr/> 6 Contributor address; City; State; Zip Code Denver, CO 80236	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Conductor/Engineer		9 Employer (See Instructions) BNSF Railway
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pokela, Kirk <hr/> Contributor address; City; State; Zip Code Charlotte, NC 28206	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Ally
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pole, Laura <hr/> Contributor address; City; State; Zip Code Hardy, VA 24101	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polyak Brown & Assoc., Barbara Landau <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90025	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pond, Tim <hr/> Contributor address; City; State; Zip Code Half Moon Bay, CA 94019-1832	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 261/380 Rpt: 264/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pond, Tim	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Half Moon Bay, CA 94019-1832		
8 Principal occupation / Job title (See Instructions) Designer		9 Employer (See Instructions) Self
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pond, Tim	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Half Moon Bay, CA 94019-1832		
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Porter, Margaret	Amount of Contribution (\$) \$124.00
Contributor address; City; State; Zip Code Boulder, CO 80304		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Powers, Colleen	Amount of Contribution (\$) \$124.00
Contributor address; City; State; Zip Code Minneapolis, MN 55403		
Principal occupation / Job title (See Instructions) Content Strategist		Employer (See Instructions) Software for Good
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pringle, John	Amount of Contribution (\$) \$1,024.00
Contributor address; City; State; Zip Code Menlo Park, CA 94025		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Stanford University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 262/380 Rpt: 265/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/21/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purdue, Lynette <hr/> 6 Contributor address; City; State; Zip Code knoxville, TN 37920	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purdue, Lynette <hr/> Contributor address; City; State; Zip Code knoxville, TN 37920	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pyle, David <hr/> Contributor address; City; State; Zip Code Kensington, CA 94708	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pyle, David <hr/> Contributor address; City; State; Zip Code Kensington, CA 94708	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Queenan, Brian <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45242	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Banker		Employer (See Instructions) PNC Bank

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 263/380 Rpt: 266/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rabinowitz, Shera <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60611	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Advertising		9 Employer (See Instructions) Inizio Evoke
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radey, Taylor <hr/> Contributor address; City; State; Zip Code Brecksville, OH 44141	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) marketing		Employer (See Instructions) self-employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radovsky, Laurie <hr/> Contributor address; City; State; Zip Code St Paul, MN 55105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) self
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radue, Roger <hr/> Contributor address; City; State; Zip Code MARTINSVILLE, IN 46151	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raizman, Dorothy <hr/> Contributor address; City; State; Zip Code Ligonier, PA 15658	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 264/380 Rpt: 267/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raizman, Dorothy <hr/> 6 Contributor address; City; State; Zip Code Ligonier, PA 15658	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raizman, Dorothy <hr/> Contributor address; City; State; Zip Code Ligonier, PA 15658	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raizman, Dorothy <hr/> Contributor address; City; State; Zip Code Ligonier, PA 15658	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raizman, Dorothy <hr/> Contributor address; City; State; Zip Code Ligonier, PA 15658	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raizman, Dorothy <hr/> Contributor address; City; State; Zip Code Ligonier, PA 15658	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 265/380 Rpt: 268/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raizman, Dorothy <hr/> 6 Contributor address; City; State; Zip Code Ligonier, PA 15658	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randels, Stephen <hr/> Contributor address; City; State; Zip Code Bothell, WA 98011	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Randle, Catherine <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94024	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) higher ed		Employer (See Instructions) university
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rapp, Rayna <hr/> Contributor address; City; State; Zip Code New York, NY 10011	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) college professor		Employer (See Instructions) NYU
Date 12/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rapp, Rayna <hr/> Contributor address; City; State; Zip Code New York, NY 10011	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) college professor		Employer (See Instructions) NYU

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 266/380 Rpt: 269/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratliff, Amelie	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Jamaica Plain, MA 02130		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ratliff, Amelie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Jamaica Plain, MA 02130		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rattigan, Peter	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Pitman, NJ 08071		
Principal occupation / Job title (See Instructions) Asst. Professor		Employer (See Instructions) Rowan University
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rattigan, Peter	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Pitman, NJ 08071		
Principal occupation / Job title (See Instructions) Asst. Professor		Employer (See Instructions) Rowan University
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rattigan, Peter	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Pitman, NJ 08071		
Principal occupation / Job title (See Instructions) Asst. Professor		Employer (See Instructions) Rowan University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 267/380 Rpt: 270/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rattigan, Peter	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Pitman, NJ 08071		
8 Principal occupation / Job title (See Instructions) Asst. Professor		9 Employer (See Instructions) Rowan University
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Bonnie	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Woolwich, ME 04579		
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Bonnie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Woolwich, ME 04579		
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Bonnie	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Woolwich, ME 04579		
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Bonnie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Woolwich, ME 04579		
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 268/380 Rpt: 271/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Bonnie <hr/> 6 Contributor address; City; State; Zip Code Woolwich, ME 04579	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Designer		9 Employer (See Instructions) Self
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rebeiro, Sumi <hr/> Contributor address; City; State; Zip Code Springfield, IL 62704	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rechtschaffen, Stephan <hr/> Contributor address; City; State; Zip Code Woodstock, NY 12498	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) self
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rees, Leanne <hr/> Contributor address; City; State; Zip Code Bethesfa, MD 20814	Amount of Contribution (\$) \$50.24
Principal occupation / Job title (See Instructions) Concert Pianist		Employer (See Instructions) Self/bocca
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rees, Leanne <hr/> Contributor address; City; State; Zip Code Bethesfa, MD 20814	Amount of Contribution (\$) \$50.24
Principal occupation / Job title (See Instructions) Concert Pianist		Employer (See Instructions) Self/bocca

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 269/380 Rpt: 272/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reese, James <hr/> 6 Contributor address; City; State; Zip Code Phoenixville, PA 29460	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reif, Nancy <hr/> Contributor address; City; State; Zip Code New York, NY 10128	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) Self
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rommel, Paula <hr/> Contributor address; City; State; Zip Code San Diego, CA 92117	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Teacher retired		Employer (See Instructions) Retired
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resor, Anne-Marie <hr/> Contributor address; City; State; Zip Code Wilson, WY 83014	Amount of Contribution (\$) \$50.24
Principal occupation / Job title (See Instructions) Data Scientist		Employer (See Instructions) Qualcomm
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Resor, Anne-Marie <hr/> Contributor address; City; State; Zip Code Wilson, WY 83014	Amount of Contribution (\$) \$50.24
Principal occupation / Job title (See Instructions) Data Scientist		Employer (See Instructions) Qualcomm

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 270/380 Rpt: 273/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Curt <hr/> 6 Contributor address; City; State; Zip Code Cleveland Heights, OH 44106	7 Amount of Contribution (\$) \$100.24
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Curt <hr/> Contributor address; City; State; Zip Code Cleveland Heights, OH 44106	Amount of Contribution (\$) \$100.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhode, David <hr/> Contributor address; City; State; Zip Code Cary, NC 27513-3403	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhode, David <hr/> Contributor address; City; State; Zip Code Cary, NC 27513-3403	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhode, David <hr/> Contributor address; City; State; Zip Code Cary, NC 27513-3403	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 271/380 Rpt: 274/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhorer, Alexis	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Oakland, CA 94618		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Squaretrade Inc.
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhorer, Alexis	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Oakland, CA 94618		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Squaretrade Inc.
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhorer, Alexis	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Oakland, CA 94618		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Squaretrade Inc.
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhorer, Alexis	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Oakland, CA 94618		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Squaretrade Inc.
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhorer, Alexis	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Oakland, CA 94618		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Squaretrade Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 272/380 Rpt: 275/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ribbens, Kim <hr/> 6 Contributor address; City; State; Zip Code Savannah, GA 31406	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) LMT		9 Employer (See Instructions) Kim Ribbens
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rich, Sharon <hr/> Contributor address; City; State; Zip Code Belmont, MA 02478	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Financial planner		Employer (See Instructions) Self
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, Julie <hr/> Contributor address; City; State; Zip Code Cambria, CA 93428	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, William <hr/> Contributor address; City; State; Zip Code San Anselmo, CA 94960	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, William <hr/> Contributor address; City; State; Zip Code Mill Valley, CA 94941	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 273/380 Rpt: 276/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, William	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code San Anselmo, CA 94960		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 12/22/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, William	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Mill Valley, CA 94941		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richert, Ruthann	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code New York, NY 10027		
Principal occupation / Job title (See Instructions) Real Estate		Employer (See Instructions) Self
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richter, Howard	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Roswell, GA 30075		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rico, Stephanie	Amount of Contribution (\$) \$124.00
Contributor address; City; State; Zip Code Imperial Beach, CA 91932		
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) San Diego Unified School District

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 274/380 Rpt: 277/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rideout, Ransom <hr/> 6 Contributor address; City; State; Zip Code Altadena, CA 91001	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rider, Cynthia <hr/> Contributor address; City; State; Zip Code San Bruno, CA 94066	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) City
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ridings, Jarod <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95819	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) Delta Air Lines
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rigik, Charleth <hr/> Contributor address; City; State; Zip Code Forest Grove, OR 97116	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rigik, Charleth <hr/> Contributor address; City; State; Zip Code Forest Grove, OR 97116	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 275/380 Rpt: 278/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ritenbaugh, Cheryl <hr/> 6 Contributor address; City; State; Zip Code Minneapolis, MN 55419-5256	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ritenbaugh, Cheryl <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55419-5256	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ritsher, Diane <hr/> Contributor address; City; State; Zip Code Norwell, MA 02061	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ritsher, Diane <hr/> Contributor address; City; State; Zip Code Norwell, MA 02061	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rivera, Judith <hr/> Contributor address; City; State; Zip Code Sea Cliff, NY 11579	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) CareFirst Home Solutions

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 276/380 Rpt: 279/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Barrett	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code West Lafayette, IN 47996		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Wayne	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Eagle River, AK 99577		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson-Mosher, Avi	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code New York, NY 10040-3756		
Principal occupation / Job title (See Instructions) Software engineer		Employer (See Instructions) D.E. Shaw Research
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roden, Nicholas	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Scotch Plains, NJ 07076		
Principal occupation / Job title (See Instructions) Toxicologist		Employer (See Instructions) IES Engineers
Date 12/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roden, Nicholas	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Scotch Plains, NJ 07076		
Principal occupation / Job title (See Instructions) Toxicologist		Employer (See Instructions) IES Engineers

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 277/380 Rpt: 280/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/26/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Janice	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Chicago, IL 60614		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Quarles & Brady LLP
Date 12/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Janice	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Chicago, IL 60614		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Quarles & Brady LLP
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogen, Laurie	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Floral Park, NY 11005		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogen, Laurie	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Floral Park, NY 11005		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rolston, Patricia	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Mount Tabor, NJ 07878		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 278/380 Rpt: 281/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romans, Susan <hr/> 6 Contributor address; City; State; Zip Code Stowe, VT 05672	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romans, Susan <hr/> Contributor address; City; State; Zip Code Stowe, VT 05672	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rooker, Vicki <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89169	Amount of Contribution (\$) \$20.23
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rooker, Vicki <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89169	Amount of Contribution (\$) \$20.23
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosen, Donna <hr/> Contributor address; City; State; Zip Code Jericho, NY 11753	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 279/380 Rpt: 282/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosen, Joel <hr/> 6 Contributor address; City; State; Zip Code Northampton, MA 01060	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Psychiatrist		9 Employer (See Instructions) Self
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosen, Joel <hr/> Contributor address; City; State; Zip Code Northampton, MA 01060	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Psychiatrist		Employer (See Instructions) Self
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenblatt, Jessica <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02139	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Media Designer		Employer (See Instructions) self
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenblatt, Jessica <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02139	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Media Designer		Employer (See Instructions) self
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenthal, John <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Morgan Lewis LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 280/380 Rpt: 283/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenthal, John <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94707	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) attorney		9 Employer (See Instructions) Morgan Lewis LLP
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenthal, John <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Morgan Lewis LLP
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Toni <hr/> Contributor address; City; State; Zip Code Wainscott, NY 11975	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rossen, Ronald <hr/> Contributor address; City; State; Zip Code Saratoga, CA 95070-5509	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) Palo Alto Medical Foundation
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rossman, Amy <hr/> Contributor address; City; State; Zip Code Corvallis, OR 97330	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 281/380 Rpt: 284/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rossmann, Caitlin <hr/> 6 Contributor address; City; State; Zip Code Fairfax, VA 22031-1127	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Producer		9 Employer (See Instructions) AARP
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rotenberg, Anita <hr/> Contributor address; City; State; Zip Code Albany, CA 94706	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) State of California
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roth, Andrea <hr/> Contributor address; City; State; Zip Code Oconomowoc, WI 53066	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) janitor		Employer (See Instructions) LA Maintenance
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roth, Andrea <hr/> Contributor address; City; State; Zip Code Oconomowoc, WI 53066	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) janitor		Employer (See Instructions) LA Maintenance
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roth, Andrea <hr/> Contributor address; City; State; Zip Code Oconomowoc, WI 53066	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) janitor		Employer (See Instructions) LA Maintenance

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 282/380 Rpt: 285/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothstein, Tracy	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Santa rosa beach, FL 32459		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothstein, Tracy	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Santa rosa beach, FL 32459		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rouse, Allison	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Sunnyvale, CA 94087		
Principal occupation / Job title (See Instructions) Higher Education Administration		Employer (See Instructions) Stanford University
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rousu, Dwight	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Redmond, WA 98052-9427		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowell, Anita	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Novato, CA 94949		
Principal occupation / Job title (See Instructions) Author		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 283/380 Rpt: 286/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Royce, Michael	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Los Angeles, CA 90064		
8 Principal occupation / Job title (See Instructions) TV Writer/Producer		9 Employer (See Instructions) Snowpants Productions
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Royce, Michael	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Los Angeles, CA 90064		
Principal occupation / Job title (See Instructions) TV Writer/Producer		Employer (See Instructions) Snowpants Productions
Date 12/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Royce, Michael	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Los Angeles, CA 90064		
Principal occupation / Job title (See Instructions) TV Writer/Producer		Employer (See Instructions) Snowpants Productions
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubilar, Rubi	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Forest, VA 24551		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Fairfax County Public Schools
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubilar, Rubi	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Forest, VA 24551		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Fairfax County Public Schools

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 284/380 Rpt: 287/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubilar, Rubi <hr/> 6 Contributor address; City; State; Zip Code Forest, VA 24551	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Fairfax County Public Schools
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubinowitz, Sharon <hr/> Contributor address; City; State; Zip Code Sea Cliff, NY 11579	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rue, Sally <hr/> Contributor address; City; State; Zip Code Juneau, AK 99801-7924	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruell, Stephen <hr/> Contributor address; City; State; Zip Code Canaan, ME 04924	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) Stephen Ruell
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruell, Stephen <hr/> Contributor address; City; State; Zip Code Canaan, ME 04924	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) ENGINEER		Employer (See Instructions) Stephen Ruell

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 285/380 Rpt: 288/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/17/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rushmer, Vera	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Ocean City, NJ 08226		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rushmer, Vera	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Ocean City, NJ 08226		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruskin, Matt	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Los Angeles, CA 90046		
Principal occupation / Job title (See Instructions) film director		Employer (See Instructions) self
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Russell, Joseph	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Los Angeles, CA 90042		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruth, Deborah	Amount of Contribution (\$) \$41.00
Contributor address; City; State; Zip Code Berkeley, CA 94707		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 286/380 Rpt: 289/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutherford, Bruce	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Vashon, WA 98070		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutherford, Bruce	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Vashon, WA 98070		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutherford, Bruce	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Vashon, WA 98070		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutherford, Bruce	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Vashon, WA 98070		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryan, Connie	Amount of Contribution (\$) \$19.00
Contributor address; City; State; Zip Code Brightwood, OR 97011		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 287/380 Rpt: 290/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/24/2024	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	7 Amount of Contribution (\$) \$19.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SCHMIERER, ANNA <hr/> Contributor address; City; State; Zip Code CRESCENT CITY, CA 95531	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) SLATER, NICK <hr/> Contributor address; City; State; Zip Code OAKLAND, CA 94608	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sahm, Sharon <hr/> Contributor address; City; State; Zip Code Denton, TX 76202	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sahm, Sharon <hr/> Contributor address; City; State; Zip Code Denton, TX 76202	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 288/380 Rpt: 291/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sakakeeny, Robert <hr/> 6 Contributor address; City; State; Zip Code WORCESTER, MA 01609	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sakakeeny, Robert <hr/> Contributor address; City; State; Zip Code WORCESTER, MA 01609	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salhi, Rachel <hr/> Contributor address; City; State; Zip Code Sierra Madre, CA 91025	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) HR Project Mgr		Employer (See Instructions) Gibson Dunn
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salhi, Rachel <hr/> Contributor address; City; State; Zip Code Sierra Madre, CA 91025	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) HR Project Mgr		Employer (See Instructions) Gibson Dunn
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salmonese, Vicki <hr/> Contributor address; City; State; Zip Code Durango, CO 81301	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Aviculturist		Employer (See Instructions) SeaWorld

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 289/380 Rpt: 292/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salomon, Stuart	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code WARE, MA 01082		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salomon, Stuart	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code WARE, MA 01082		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santos, Kari	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Boulder, CO 80304		
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) self employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Santos, Kari	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Boulder, CO 80304		
Principal occupation / Job title (See Instructions) student		Employer (See Instructions) none
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saslow, Wayne	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code College Station, TX 77840		
Principal occupation / Job title (See Instructions) College Faculty		Employer (See Instructions) TAMU

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 290/380 Rpt: 293/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saslow, Wayne	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code College Station, TX 77840		
8 Principal occupation / Job title (See Instructions) College Faculty		9 Employer (See Instructions) TAMU
Date 11/21/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Satterfield, Cynthia	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Pacific Palisades, CA 90272		
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Self
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sawyer, Steve	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Prescott, AZ 86301		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scardino, Albert	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Bluffton, SC 29910		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scardino, Albert	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Bluffton, SC 29910		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 291/380 Rpt: 294/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scardino, Albert <hr/> 6 Contributor address; City; State; Zip Code Bluffton, SC 29910	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaffer, Joel <hr/> Contributor address; City; State; Zip Code Orinda, CA 94563	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schanberg, Laura <hr/> Contributor address; City; State; Zip Code Durham, NC 27705-9061	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) Duke
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schapiro, Susan <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45242	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaubhut, Nancy <hr/> Contributor address; City; State; Zip Code Clintondale, NY 12515	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Researcher		Employer (See Instructions) Church Pension Group

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 292/380 Rpt: 295/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schechter, Ruth	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Leawood, KS 66209		
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Self
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schechter, Ruth	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Leawood, KS 66209		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scheines, Elizabeth	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Brooklyn, NY 11215		
Principal occupation / Job title (See Instructions) Project manager		Employer (See Instructions) John H. Elton Inc.
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scherman, Ashley	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Seattle, WA 98117		
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) OHSU
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schick, Vikki	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Towson, MD 21286		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 293/380 Rpt: 296/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/24/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiller, Lisa <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10013	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) art		9 Employer (See Instructions) self
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiller, Lisa <hr/> Contributor address; City; State; Zip Code New York, NY 10013	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) art		Employer (See Instructions) self
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiowitz, Joshua <hr/> Contributor address; City; State; Zip Code Great Neck, NY 11021	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Talent Manager		Employer (See Instructions) Schiowitz Artists Management Inc.
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlessinger, David <hr/> Contributor address; City; State; Zip Code Malmo MD 21531 Switzerland	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schloss, Sima <hr/> Contributor address; City; State; Zip Code New York, NY 10128	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Artist /Adjunct Professor		Employer (See Instructions) Hostos Community College

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 294/380 Rpt: 297/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/11/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schloss, Sima <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10128	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Artist /Adjunct Professor		9 Employer (See Instructions) Hostos Community College
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schott, Saskia <hr/> Contributor address; City; State; Zip Code Mercer Island, WA 98040	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schott, Saskia <hr/> Contributor address; City; State; Zip Code Mercer Island, WA 98040	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schott, Saskia <hr/> Contributor address; City; State; Zip Code Mercer Island, WA 98040	Amount of Contribution (\$) \$50.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schott, Saskia <hr/> Contributor address; City; State; Zip Code Mercer Island, WA 98040	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 295/380 Rpt: 298/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schubert, Chuck	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Thornton, PA 19373		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) AbbVie
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schussler, Michael	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New York, NY 10023		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schussler, Michael	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New York, NY 10023		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Claire	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Hopatcong, NJ 07843		
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Miriam's Well Healing LLC
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Lisa B	Amount of Contribution (\$) \$20.24
Contributor address; City; State; Zip Code Yardley, PA 19067		
Principal occupation / Job title (See Instructions) psychotherapist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 296/380 Rpt: 299/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwartz, Melissa	7 Amount of Contribution (\$) \$24.00
6 Contributor address; City; State; Zip Code BRIGHTON, MA 02135		
8 Principal occupation / Job title (See Instructions) Assistant		9 Employer (See Instructions) PSB
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwegel, Amy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code New York, NY 10023		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Kent	Amount of Contribution (\$) \$85.00
Contributor address; City; State; Zip Code Palo Alto, CA 94304		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Kent	Amount of Contribution (\$) \$85.00
Contributor address; City; State; Zip Code Palo Alto, CA 94304		
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scruton, Chris	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Rancho Cordova, CA 95670		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 297/380 Rpt: 300/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scruton, Chris	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Rancho Cordova, CA 95670		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Self
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sebastiani, Mark	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Arlington, VA 22203		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Senders, Warren	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Medford, MA 02155		
Principal occupation / Job title (See Instructions) music teacher		Employer (See Instructions) self-employed
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Senders, Warren	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Medford, MA 02155		
Principal occupation / Job title (See Instructions) music teacher		Employer (See Instructions) self-employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Senders, Warren	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Medford, MA 02155		
Principal occupation / Job title (See Instructions) music 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: 298/380 Rpt: 301/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sercombe, Laurel <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98105	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sethi, Lida <hr/> Contributor address; City; State; Zip Code Columbus, OH 43204	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sethi, Lida <hr/> Contributor address; City; State; Zip Code Columbus, OH 43204	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sethi, Lida <hr/> Contributor address; City; State; Zip Code Columbus, OH 43204	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seubert, Emelia <hr/> Contributor address; City; State; Zip Code Blackwell, OK 74631	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 299/380 Rpt: 302/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seymour, Jill <hr/> 6 Contributor address; City; State; Zip Code Tempe, AZ 85283	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shanafelt, Christie <hr/> Contributor address; City; State; Zip Code Richardson, TX 75081	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Catalyst Physician Group
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shanahan, Paul <hr/> Contributor address; City; State; Zip Code DeWitt, NY 13224	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shapiro, Carol <hr/> Contributor address; City; State; Zip Code Framingham, MA 01701	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shapiro, Joanne <hr/> Contributor address; City; State; Zip Code Watertown, MA 02472	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 300/380 Rpt: 303/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, John <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98117	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Transportation Planner		9 Employer (See Instructions) City of Seattle
Date 12/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, John <hr/> Contributor address; City; State; Zip Code Seattle, WA 98117	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Transportation Planner		Employer (See Instructions) City of Seattle
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheets, Ruth <hr/> Contributor address; City; State; Zip Code New Paltz, NY 12561	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheldon, Albert <hr/> Contributor address; City; State; Zip Code Seattle, WA 98105	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) Self
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheldon, Albert <hr/> Contributor address; City; State; Zip Code Seattle, WA 98105	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 301/380 Rpt: 304/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheldon-Dante, Christopher <hr/> 6 Contributor address; City; State; Zip Code Cambridge, MA 02140	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) aPriori Technologies Inc
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sher, Brendon <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90405	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Producer		Employer (See Instructions) Intelligent Entertainment
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shields, Ashley <hr/> Contributor address; City; State; Zip Code Knoxville, TN 37909	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) UT-Battelle
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirkoff, Jean <hr/> Contributor address; City; State; Zip Code Portland, OR 97225	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Self
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirkoff, Jean <hr/> Contributor address; City; State; Zip Code Portland, OR 97225	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 302/380 Rpt: 305/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirkoff, Jean <hr/> 6 Contributor address; City; State; Zip Code Portland, OR 97225	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Counselor		9 Employer (See Instructions) Self
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirley, Barrett <hr/> Contributor address; City; State; Zip Code Tolland, CT 06084	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shivers, Nancy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Shivers & Shivers
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shivers, Nancy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Shivers & Shivers
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shnayder, George <hr/> Contributor address; City; State; Zip Code FRESH MEADOWS, NY 11365	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Biomedical Equipment Engineer		Employer (See Instructions) Riverside Healthcare

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 303/380 Rpt: 306/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shore, Debra	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Evanston, IL 60203		
8 Principal occupation / Job title (See Instructions) Regional Administrator		9 Employer (See Instructions) Federal government
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shukla, Udayan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Redmond, WA 98052		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Point B
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shumway, Loretta	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77095		
Principal occupation / Job title (See Instructions) Escrow Officer		Employer (See Instructions) MN Title Company
Date 12/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shumway, Loretta	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Houston, TX 77095		
Principal occupation / Job title (See Instructions) Escrow Officer		Employer (See Instructions) MN Title Company
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sibley, Tom	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Seattle, WA 98103		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 304/380 Rpt: 307/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siegmund, Julie <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10025	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Small business owner		9 Employer (See Instructions) Julie Siegmund
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silkes, JoAnn <hr/> Contributor address; City; State; Zip Code San Diego, CA 92119	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) San Diego State University
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silver, Bernard <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silver, Bernard <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Rita <hr/> Contributor address; City; State; Zip Code Steilacoom, WA 98388	Amount of Contribution (\$) \$100.00
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: 305/380 Rpt: 308/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simon, Michael <hr/> 6 Contributor address; City; State; Zip Code Agoura Hills, CA 91301	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Producer/Director		9 Employer (See Instructions) Self
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sivret, Leslie-Anne <hr/> Contributor address; City; State; Zip Code No, WA 98166	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Massage Therapist/cCranio-Sacreal Therapist		Employer (See Instructions) Self
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sivret, Leslie-Anne <hr/> Contributor address; City; State; Zip Code No, WA 98166	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Massage Therapist/cCranio-Sacreal Therapist		Employer (See Instructions) Self
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sklower, Keith <hr/> Contributor address; City; State; Zip Code El Cerrito, CA 94530	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sklower, Keith <hr/> Contributor address; City; State; Zip Code El Cerrito, CA 94530	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 306/380 Rpt: 309/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smiles, Joan <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90019	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Amy <hr/> Contributor address; City; State; Zip Code Gonzales, LA 70737	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) ESL Teacher		Employer (See Instructions) QKids
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Amy <hr/> Contributor address; City; State; Zip Code Gonzales, LA 70737	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) ESL Teacher		Employer (See Instructions) QKids
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Holly <hr/> Contributor address; City; State; Zip Code BERKELEY, CA 94707	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Holly <hr/> Contributor address; City; State; Zip Code BERKELEY, CA 94707	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 307/380 Rpt: 310/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kathleen <hr/> 6 Contributor address; City; State; Zip Code Ontario, CA 91761-3867	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kathleen <hr/> Contributor address; City; State; Zip Code Ontario, CA 91761-3867	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kenneth <hr/> Contributor address; City; State; Zip Code Vallejo, CA 94591-8228	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kenneth <hr/> Contributor address; City; State; Zip Code Vallejo, CA 94591-8228	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kevln <hr/> Contributor address; City; State; Zip Code Verona, WI 53593	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) TEAM Resources

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 308/380 Rpt: 311/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kevln <hr/> 6 Contributor address; City; State; Zip Code Verona, WI 53593	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) TEAM Resources
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Susan <hr/> Contributor address; City; State; Zip Code Lake Placid, FL 33852	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Will <hr/> Contributor address; City; State; Zip Code Ocean Springs, MS 39564	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Cardiothoracic Surgeon		Employer (See Instructions) USAF
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Will <hr/> Contributor address; City; State; Zip Code Ocean Springs, MS 39564	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Cardiothoracic Surgeon		Employer (See Instructions) USAF
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith Hill you, Dolly <hr/> Contributor address; City; State; Zip Code Cleveland Heights, OH 44112	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 309/380 Rpt: 312/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith-Connell, Kathryn	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Chicago, IL 60626		
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smyth, Robert	Amount of Contribution (\$) \$7.50
Contributor address; City; State; Zip Code Somerville, MA 02144		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sneider, John	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Hartsdale, NY 10530		
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Self
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sobol, Jennifer	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code El Cerrito, CA 94530		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sobol, Jennifer	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code El Cerrito, CA 94530		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 310/380 Rpt: 313/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soffer, Janet	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Los Angeles, CA 90004		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sohn, Josh	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code BROOKLYN, NY 11201		
Principal occupation / Job title (See Instructions) TUTOR		Employer (See Instructions) SELF
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solazzo, Alyssa	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Freeport, NY 11520		
Principal occupation / Job title (See Instructions) Clerk Typist 1		Employer (See Instructions) Nassau Community College
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solomon, Brin	Amount of Contribution (\$) \$36.00
Contributor address; City; State; Zip Code Queens, NY 11373		
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Harold Grinspoon Foundation
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soltis, Grace	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Easton, MD 21601		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 311/380 Rpt: 314/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soltis, Grace <hr/> 6 Contributor address; City; State; Zip Code Easton, MD 21601	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soltis, Grace <hr/> Contributor address; City; State; Zip Code Easton, MD 21601	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solzman, Bamboo <hr/> Contributor address; City; State; Zip Code Chicago, IL 60615	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Solzman, Bamboo <hr/> Contributor address; City; State; Zip Code Chicago, IL 60615	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sonders, Ricki <hr/> Contributor address; City; State; Zip Code Oklahoma City, OK 73112	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 312/380 Rpt: 315/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southern, David <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94114	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Souza, Randy <hr/> Contributor address; City; State; Zip Code Saratoga, CA 95070	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Specht, Gladys <hr/> Contributor address; City; State; Zip Code Maineville, OH 45039	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Specht, Gladys <hr/> Contributor address; City; State; Zip Code Maineville, OH 45039	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Specht, Gladys <hr/> Contributor address; City; State; Zip Code Maineville, OH 45039	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 313/380 Rpt: 316/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Specht, Gladys <hr/> 6 Contributor address; City; State; Zip Code Maineville, OH 45039	7 Amount of Contribution (\$) \$100.24
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Specht, Gladys <hr/> Contributor address; City; State; Zip Code Maineville, OH 45039	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Specht, Gladys <hr/> Contributor address; City; State; Zip Code Maineville, OH 45039	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Specht, Gladys <hr/> Contributor address; City; State; Zip Code Maineville, OH 45039	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Specht, Gladys <hr/> Contributor address; City; State; Zip Code Maineville, OH 45039	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 314/380 Rpt: 317/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Specht, Gladys <hr/> 6 Contributor address; City; State; Zip Code Maineville, OH 45039	7 Amount of Contribution (\$) \$100.24
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spoddeck, Heiko <hr/> Contributor address; City; State; Zip Code Portland, OR 97206	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Instructor		Employer (See Instructions) Portland Community College
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprenger, Cassandra <hr/> Contributor address; City; State; Zip Code Boulder Creek, CA 95006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Saratoga union school district
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprowls, David <hr/> Contributor address; City; State; Zip Code Portland, OR 97232	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprowls, David <hr/> Contributor address; City; State; Zip Code Corvallis, OR 97330	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 315/380 Rpt: 318/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprowls, David <hr/> 6 Contributor address; City; State; Zip Code Portland, OR 97232	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sprowls, David <hr/> Contributor address; City; State; Zip Code Corvallis, OR 97330	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stanford, Susan <hr/> Contributor address; City; State; Zip Code Green Valley, AZ 85622	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stapen, Anita <hr/> Contributor address; City; State; Zip Code Piedmont, CA 94611	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) none
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stapen, Anita <hr/> Contributor address; City; State; Zip Code Piedmont, CA 94611	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) None		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 316/380 Rpt: 319/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/19/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steelman, Sara <hr/> 6 Contributor address; City; State; Zip Code INDIANA, PA 15701	7 Amount of Contribution (\$) \$50.25
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stein, Sally <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90004	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stein, Sally <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90004	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stein, Sally <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90004	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stein, Sally <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90004	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 317/380 Rpt: 320/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinsnyder, Faith <hr/> 6 Contributor address; City; State; Zip Code Milwaukee, WI 53209	7 Amount of Contribution (\$) \$36.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steinsnyder, Faith <hr/> Contributor address; City; State; Zip Code Milwaukee, WI 53209	Amount of Contribution (\$) \$36.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, BB <hr/> Contributor address; City; State; Zip Code Boynton Beach, FL 33435	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, BB <hr/> Contributor address; City; State; Zip Code Boynton Beach, FL 33435	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stern, Dan <hr/> Contributor address; City; State; Zip Code Rockville, MD 20850	Amount of Contribution (\$) \$190.00
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) Housing Assistance council

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 318/380 Rpt: 321/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sternthal, Brian <hr/> 6 Contributor address; City; State; Zip Code Evanston, IL 60201	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stevens, Nike <hr/> Contributor address; City; State; Zip Code bozeman, MT 59715	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) wildlife biologist		Employer (See Instructions) self
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Lynne <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90046	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) Actress		Employer (See Instructions) Lynne Stewart
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stockton, William <hr/> Contributor address; City; State; Zip Code New York, NY 10033	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Risk management		Employer (See Instructions) Mastercard
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stofer, K <hr/> Contributor address; City; State; Zip Code Gainesville, FL 32601	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Faculty		Employer (See Instructions) Uf

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 319/380 Rpt: 322/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stofer, K	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Gainesville, FL 32601		
8 Principal occupation / Job title (See Instructions) Faculty		9 Employer (See Instructions) Uf
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stokes, Susan	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Frederick, MD 21702		
Principal occupation / Job title (See Instructions) editor		Employer (See Instructions) Self
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stork-Knock, Deborah	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Sacramento, CA 95829		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stork-Knock, Deborah	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Sacramento, CA 95829		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stough, Emily	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Pasadena, CA 91104		
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Jet Propulsion Laboratory

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 320/380 Rpt: 323/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stowens, Daniel	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Kennewick, WA 99336		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stowens, Daniel	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Kennewick, WA 99336		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stowens, Daniel	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Kennewick, WA 99336		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stowens, Daniel	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Kennewick, WA 99336		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Straka, Olga	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New York, NY 10032		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 321/380 Rpt: 324/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strang, Perian <hr/> 6 Contributor address; City; State; Zip Code Nashville, TN 37205	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) self employed		9 Employer (See Instructions) self
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strang, Perian <hr/> Contributor address; City; State; Zip Code Nashville, TN 37205	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) self
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stratten, Cheryl <hr/> Contributor address; City; State; Zip Code Denver, CO 80211	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stratten, Cheryl <hr/> Contributor address; City; State; Zip Code Denver, CO 80211	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strijdonk, Melvina <hr/> Contributor address; City; State; Zip Code Oro Valley, AZ 85737	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 322/380 Rpt: 325/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sturtevant, Jon M	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Tuolumne, CA 95379-9626		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sturtevant, Jon M	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Tuolumne, CA 95379-9626		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stutman-Bondy, Lisa	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Port Washington, NY 11050		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Northwell Health
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suczek, Marybelle	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code South Padre Island, TX 78597		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 11/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suczek, Marybelle	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code South Padre Island, TX 78597		
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: 323/380 Rpt: 326/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/29/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suczek, Marybelle	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code South Padre Island, TX 78597		
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) none
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sulzbacker, Marilyn	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New York, NY 10023-6538		
Principal occupation / Job title (See Instructions) clinical social worker		Employer (See Instructions) Self
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sulzbacker, Marilyn	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New York, NY 10023-6538		
Principal occupation / Job title (See Instructions) clinical social worker		Employer (See Instructions) Self
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Susai, Kevin	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code san jose, CA 95135-1619		
Principal occupation / Job title (See Instructions) Solutions Eng		Employer (See Instructions) Sinequa
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sutch, Jeff	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Seattle, WA 98103		
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 324/380 Rpt: 327/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Rosemarie	7 Amount of Contribution (\$) \$20.00
6 Contributor address; City; State; Zip Code Bryan, TX 77801		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Rosemarie	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Bryan, TX 77801		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Szostkowski, Ted	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Lexington, MA 02421		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) SMMA
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Szostkowski, Ted	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Lexington, MA 02421		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) SMMA
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THeise, Neil	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code New York, NY 10002		
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) beth israel hospital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 325/380 Rpt: 328/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) THeise, Neil <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10002	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions) beth israel hospital
Date 11/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tai, Jeanne <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02140	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/13/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tai, Jeanne <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02140	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taran, Stephen <hr/> Contributor address; City; State; Zip Code Nolensville, TN 37135	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taub, Sarah <hr/> Contributor address; City; State; Zip Code Arlington, VA 22205	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Bookkeeper		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: 326/380 Rpt: 329/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tauber, Harvey <hr/> 6 Contributor address; City; State; Zip Code Atlanta, GA 30327	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Barry <hr/> Contributor address; City; State; Zip Code Miami, FL 33186	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tedder, Krista <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89169	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Analyst		Employer (See Instructions) Federal Reserve Bank of Chicago
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tennenbaum, Gary <hr/> Contributor address; City; State; Zip Code Basalt, CO 81621	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Pitkin county
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tennenbaum, Gary <hr/> Contributor address; City; State; Zip Code Basalt, CO 81621	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Pitkin county

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 327/380 Rpt: 330/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thacker, Kipling <hr/> 6 Contributor address; City; State; Zip Code Excelsior, MN 55331	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Scientist		9 Employer (See Instructions) Lifecore Biomedical
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thacker, Kipling <hr/> Contributor address; City; State; Zip Code Excelsior, MN 55331	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Lifecore Biomedical
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thiel, Richard <hr/> Contributor address; City; State; Zip Code Sequoia National Park, CA 93262	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Biological Science Technician		Employer (See Instructions) National Park Service
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorburn, Rebecca <hr/> Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) Marketing consultant		Employer (See Instructions) Self
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thornberg, Ann <hr/> Contributor address; City; State; Zip Code Burbank, CA 91506	Amount of Contribution (\$) \$524.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 328/380 Rpt: 331/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tiktin, Thomas <hr/> 6 Contributor address; City; State; Zip Code Larchmont, NY 10538-1114	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilchin, Carla <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21218	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) Johns Hopkins
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilley, Charles <hr/> Contributor address; City; State; Zip Code Leesburg, VA 20176	Amount of Contribution (\$) \$50.25
Principal occupation / Job title (See Instructions) Financial Management Analyst		Employer (See Instructions) DoD Civilian
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilton-Jones, Carrie <hr/> Contributor address; City; State; Zip Code Portland, OR 97219	Amount of Contribution (\$) \$20.23
Principal occupation / Job title (See Instructions) student writer		Employer (See Instructions) self
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tilton-Jones, Carrie <hr/> Contributor address; City; State; Zip Code Portland, OR 97219	Amount of Contribution (\$) \$20.23
Principal occupation / Job title (See Instructions) student writer		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 329/380 Rpt: 332/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TiltonJones, Carrie	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Portland, OR 97219		
8 Principal occupation / Job title (See Instructions) student writer		9 Employer (See Instructions) self
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TiltonJones, Carrie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Portland, OR 97219		
Principal occupation / Job title (See Instructions) student writer		Employer (See Instructions) self
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timken, Jean	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Napa, CA 94558		
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Timmons, Penny	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code LOS ANGELES, CA 90046-7018		
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tirana, Gail R	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New York, NY 10024-5802		
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) CUNY

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 330/380 Rpt: 333/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tirana, Gail R <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10024-5802	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) teacher		9 Employer (See Instructions) CUNY
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tobias, Aron <hr/> Contributor address; City; State; Zip Code Camillus, NY 13031	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) Associate Professor		Employer (See Instructions) Syracuse University
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tolentino, Pinky <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90814	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Realtor		Employer (See Instructions) Self employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tolpinrud, Alicia <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84109	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trangucci, Neale <hr/> Contributor address; City; State; Zip Code Summit, NJ 07901	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Investment Research		Employer (See Instructions) Mason Capital

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 331/380 Rpt: 334/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trangucci, Neale <hr/> 6 Contributor address; City; State; Zip Code Summit, NJ 07901	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Investment Research		9 Employer (See Instructions) Mason Capital
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Jennifer <hr/> Contributor address; City; State; Zip Code Houston, TX 77047	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) City
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevino, Jennifer <hr/> Contributor address; City; State; Zip Code Houston, TX 77047	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) City
Date 11/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trevvett, David <hr/> Contributor address; City; State; Zip Code Brookline, MA 02446	Amount of Contribution (\$) \$17.50
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tripp, Lynn <hr/> Contributor address; City; State; Zip Code Modesto, CA 95356	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 332/380 Rpt: 335/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tripp, Lynn <hr/> 6 Contributor address; City; State; Zip Code Modesto, CA 95356	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tsuda, Christiane <hr/> Contributor address; City; State; Zip Code Carlsbad, CA 92009	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) Portfolio Manager		Employer (See Instructions) 3455 Camino Corte
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner, Kandice <hr/> Contributor address; City; State; Zip Code Flower Mound, TX 75027	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) Sales		Employer (See Instructions) HealthJoy
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turner Kocak, Lindsey <hr/> Contributor address; City; State; Zip Code Knoxville, TN 37917	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) X-energy
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turoff, Steffen <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90048	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) City planning consultant		Employer (See Instructions) Walker

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 333/380 Rpt: 336/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tybout, Alice <hr/> 6 Contributor address; City; State; Zip Code Evanston, IL 60201	7 Amount of Contribution (\$) \$124.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underhill, Joanne <hr/> Contributor address; City; State; Zip Code Greenwood Village, CO 80111	Amount of Contribution (\$) \$100.24
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Underhill Law PC
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Underhill, Joanne <hr/> Contributor address; City; State; Zip Code Greenwood Village, CO 80111	Amount of Contribution (\$) \$100.24
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Underhill Law PC
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Urbanowicz, Wendy <hr/> Contributor address; City; State; Zip Code Vancouver, WA 98668	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Utset, Manuel <hr/> Contributor address; City; State; Zip Code Chicago, IL 60615	Amount of Contribution (\$) \$25.16
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Illinois at Chicago

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 334/380 Rpt: 337/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Utset, Manuel	7 Amount of Contribution (\$) \$25.16
6 Contributor address; City; State; Zip Code Chicago, IL 60615		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) University of Illinois at Chicago
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Utset, Manuel	Amount of Contribution (\$) \$25.16
Contributor address; City; State; Zip Code Chicago, IL 60615		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Illinois at Chicago
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Horn, Gregory	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Willowbrook, IL 60527		
Principal occupation / Job title (See Instructions) Production Designer		Employer (See Instructions) NBC
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Stone, Lisa	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Sunnyvale, CA 94087		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Stone, Lisa	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Sunnyvale, CA 94087		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 335/380 Rpt: 338/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/07/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VanDevender, Nancy	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Albuquerque, NM 87109		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VanDevender, Nancy	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Albuquerque, NM 87109		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VanEn, Jonathan	Amount of Contribution (\$) \$11.00
Contributor address; City; State; Zip Code Puyallup, WA 98372		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasse, Emma	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Berkeley, CA 94707		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasse, Emma	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Berkeley, CA 94707		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 336/380 Rpt: 339/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vescia, Christian <hr/> 6 Contributor address; City; State; Zip Code San Carlos, CA 94070	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vilas, Faith <hr/> Contributor address; City; State; Zip Code Seabrook, TX 77586	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Astronomer		Employer (See Instructions) PSI
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vilas, Faith <hr/> Contributor address; City; State; Zip Code Seabrook, TX 77586	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Astronomer		Employer (See Instructions) PSI
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villa-Komaroff, Lydia <hr/> Contributor address; City; State; Zip Code CHESTNUT HILL, MA 02467	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villa-Komaroff, Lydia <hr/> Contributor address; City; State; Zip Code CHESTNUT HILL, MA 02467	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 337/380 Rpt: 340/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent, Florence <hr/> 6 Contributor address; City; State; Zip Code Rainier, WA 98576	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Purchasing		9 Employer (See Instructions) Yelm Food Co-op
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent, Florence <hr/> Contributor address; City; State; Zip Code Rainier, WA 98576	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Purchasing		Employer (See Instructions) Yelm Food Co-op
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent, Florence <hr/> Contributor address; City; State; Zip Code Rainier, WA 98576	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Purchasing		Employer (See Instructions) Yelm Food Co-op
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Viviano, Jesse <hr/> Contributor address; City; State; Zip Code Morrisville, NC 27560-6282	Amount of Contribution (\$) \$50.25
Principal occupation / Job title (See Instructions) Security Analyst		Employer (See Instructions) Verizon Business
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vowell, Dr. Patricia <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89130	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 338/380 Rpt: 341/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/06/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, BJ	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Cape May, NJ 08204		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, BJ	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Cape May, NJ 08204		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, Don	Amount of Contribution (\$) \$20.24
Contributor address; City; State; Zip Code San Jose, CA 95126		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wake, Elizabeth	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Scottsdale, AZ 85258		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Caroline	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Rye, NY 10580		
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 339/380 Rpt: 342/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallace, Sandra <hr/> 6 Contributor address; City; State; Zip Code Nicasio, CA 94946	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waller, Margaret <hr/> Contributor address; City; State; Zip Code Claremont, CA 91711	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions) Pomona College
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waller, Margaret <hr/> Contributor address; City; State; Zip Code Claremont, CA 91711	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions) Pomona College
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wallick, Julie <hr/> Contributor address; City; State; Zip Code Reston, VA 20190	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Dee <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 340/380 Rpt: 343/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Dee <hr/> 6 Contributor address; City; State; Zip Code Grapevine, TX 76051	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Margaret <hr/> Contributor address; City; State; Zip Code Ann arbor, MI 48104	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) U of mi
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Margaret <hr/> Contributor address; City; State; Zip Code Ann arbor, MI 48104	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) U of mi
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Margaret <hr/> Contributor address; City; State; Zip Code Ann arbor, MI 48104	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) U of mi
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walter, Christopher <hr/> Contributor address; City; State; Zip Code Dallas, TX 75243-6153	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) ALJ		Employer (See Instructions) TWC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 341/380 Rpt: 344/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Yvette <hr/> 6 Contributor address; City; State; Zip Code Pearland, TX 77581	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Web3 Pro
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wardell, Delaney <hr/> Contributor address; City; State; Zip Code Monroe, WA 98272	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Microsoft
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wardell, Delaney <hr/> Contributor address; City; State; Zip Code Monroe, WA 98272	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Microsoft
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warfield, Nancy <hr/> Contributor address; City; State; Zip Code Greenbrae, CA 94904-1934	Amount of Contribution (\$) \$100.25
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warheit, Melissa <hr/> Contributor address; City; State; Zip Code Columbus, OH 43221	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 342/380 Rpt: 345/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waxer, David <hr/> 6 Contributor address; City; State; Zip Code Livonia, MI 48154	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) psychologist		9 Employer (See Instructions) self
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Marian <hr/> Contributor address; City; State; Zip Code Bisbee, AZ 85603-9749	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Marian <hr/> Contributor address; City; State; Zip Code Bisbee, AZ 85603-9749	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Marian <hr/> Contributor address; City; State; Zip Code Bisbee, AZ 85603-9749	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Marian <hr/> Contributor address; City; State; Zip Code Bisbee, AZ 85603-9749	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 343/380 Rpt: 346/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Marian <hr/> 6 Contributor address; City; State; Zip Code Bisbee, AZ 85603-9749	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weaver, Marian <hr/> Contributor address; City; State; Zip Code Bisbee, AZ 85603-9749	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Jared <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11225	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Admin		Employer (See Instructions) New York University
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weber, Michael <hr/> Contributor address; City; State; Zip Code Terryville, NY 11776	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinstein, Eliot <hr/> Contributor address; City; State; Zip Code Chicago, IL 60615	Amount of Contribution (\$) \$524.00
Principal occupation / Job title (See Instructions) Graduate Student		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: 344/380 Rpt: 347/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss, Howard P	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Newton, MA 02458		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss, Howard P	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Newton, MA 02458		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weissman, Daniel M	Amount of Contribution (\$) \$124.00
Contributor address; City; State; Zip Code New York, NY 10024-3733		
Principal occupation / Job title (See Instructions) Filmmaker		Employer (See Instructions) Self
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Lynn	Amount of Contribution (\$) \$100.24
Contributor address; City; State; Zip Code Evanston, IL 60201		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Kabafusion
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Welch, Lynn	Amount of Contribution (\$) \$50.25
Contributor address; City; State; Zip Code Evanston, IL 60201		
Principal occupation / Job title (See Instructions) Pharmacist		Employer (See Instructions) Kabafusion

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 345/380 Rpt: 348/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wentz, Erica	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Mechanicsburg, PA 17055		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wentz, Erica	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Mechanicsburg, PA 17055		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wenzl, Cristina Lara	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Long Beach, CA 90802-4937		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Ann	Amount of Contribution (\$) \$20.23
Contributor address; City; State; Zip Code San Bruno, CA 94066		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) City College of SF
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) West, Ann	Amount of Contribution (\$) \$20.23
Contributor address; City; State; Zip Code San Bruno, CA 94066		
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) City College of SF

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 346/380 Rpt: 349/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/08/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wharton, Jeanette	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Dallas, TX 75225		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/08/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wharton, Jeanette	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Dallas, TX 75225		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Lucille	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Newport, RI 02840		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Lucille	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Newport, RI 02840		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Edward	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Seattle, WA 98115		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 347/380 Rpt: 350/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) White, Michael <hr/> 6 Contributor address; City; State; Zip Code Wasilla, AK 99623	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitehead, Andrew <hr/> Contributor address; City; State; Zip Code Ferndale, MI 48220	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) program manager		Employer (See Instructions) rkt
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitman, Barbara <hr/> Contributor address; City; State; Zip Code Manhattan, NY 10023	Amount of Contribution (\$) \$524.00
Principal occupation / Job title (See Instructions) Theatrical Producer		Employer (See Instructions) Self
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitman, Lois <hr/> Contributor address; City; State; Zip Code Manhattan, NY 10024	Amount of Contribution (\$) \$524.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whittaker, James <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 348/380 Rpt: 351/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiederin, Greg	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Omaha, NE 68134		
8 Principal occupation / Job title (See Instructions) Support Specialist		9 Employer (See Instructions) DMSi Software
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiederin, Greg	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Omaha, NE 68134		
Principal occupation / Job title (See Instructions) Support Specialist		Employer (See Instructions) DMSi Software
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Laura	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Garland, TX 75043		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilder, Laura	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code GARLAND, TX 75043		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wiley, Jill	Amount of Contribution (\$) \$20.24
Contributor address; City; State; Zip Code Brockton, MA 02301		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 349/380 Rpt: 352/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilk, Vincent <hr/> 6 Contributor address; City; State; Zip Code Glenview, IL 60026	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Enterprise Mobility
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Homer <hr/> Contributor address; City; State; Zip Code New York, NY 10027	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 12/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Homer <hr/> Contributor address; City; State; Zip Code New York, NY 10027	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Julian <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30324	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Robert <hr/> Contributor address; City; State; Zip Code FAYETTEVILLE, NC 28311-1895	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 350/380 Rpt: 353/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/03/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Robert <hr/> 6 Contributor address; City; State; Zip Code FAYETTEVILLE, NC 28311-1895	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Erica <hr/> Contributor address; City; State; Zip Code Yucaipa, CA 92399	Amount of Contribution (\$) \$100.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Robert <hr/> Contributor address; City; State; Zip Code Oak Harbor, WA 98277	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Robert <hr/> Contributor address; City; State; Zip Code Oak Harbor, WA 98277	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winbourn, Margaret <hr/> Contributor address; City; State; Zip Code Central, SC 29630	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Nurse		Employer (See Instructions) AnMed Health

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 351/380 Rpt: 354/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winchester, Donald E <hr/> 6 Contributor address; City; State; Zip Code Mooresville, NC 28117	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winchester, Donald E <hr/> Contributor address; City; State; Zip Code Mooresville, NC 28117	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winslow, Dylan <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84102-2721	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Library Assistant		Employer (See Instructions) Salt Lake City Public Library
Date 12/24/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winslow, Dylan <hr/> Contributor address; City; State; Zip Code Salt Lake City, UT 84102-2721	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Library Assistant		Employer (See Instructions) Salt Lake City Public Library
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise, Linda <hr/> Contributor address; City; State; Zip Code Ventura, CA 93004	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Ventura County

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 352/380 Rpt: 355/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise, Linda <hr/> 6 Contributor address; City; State; Zip Code VENTURA, CA 93004	7 Amount of Contribution (\$) \$20.23
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise, Stephen <hr/> Contributor address; City; State; Zip Code Cleveland, OH 44112	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/06/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise, Stephen <hr/> Contributor address; City; State; Zip Code Cleveland, OH 44112	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wisniewski, Christine <hr/> Contributor address; City; State; Zip Code Wellfleet, MA 02667	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Historian		Employer (See Instructions) Self
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Witkowski, Susan <hr/> Contributor address; City; State; Zip Code Chicago, IL 60646	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 353/380 Rpt: 356/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Jasmine <hr/> 6 Contributor address; City; State; Zip Code Coventry, CT 06238	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) retired massage therapist		9 Employer (See Instructions) self/retired
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Jasmine <hr/> Contributor address; City; State; Zip Code Coventry, CT 06238	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) retired massage therapist		Employer (See Instructions) self/retired
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Matthew <hr/> Contributor address; City; State; Zip Code Walnut Creek, CA 94597	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Grants and Contracts Specialist III		Employer (See Instructions) Public Health Institute
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Matthew <hr/> Contributor address; City; State; Zip Code Walnut Creek, CA 94597	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Grants and Contracts Specialist III		Employer (See Instructions) Public Health Institute
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Matthew <hr/> Contributor address; City; State; Zip Code Walnut Creek, CA 94597	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Grants and Contracts Specialist III		Employer (See Instructions) Public Health Institute

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 354/380 Rpt: 357/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Matthew <hr/> 6 Contributor address; City; State; Zip Code Walnut Creek, CA 94597	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Grants and Contracts Specialist III		9 Employer (See Instructions) Public Health Institute
Date 11/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Andrea <hr/> Contributor address; City; State; Zip Code Oakland, CA 94611	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Andrea <hr/> Contributor address; City; State; Zip Code Oakland, CA 94611	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodall, Linda K <hr/> Contributor address; City; State; Zip Code Kennewick, WA 99337	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodall, Linda K <hr/> Contributor address; City; State; Zip Code Kennewick, WA 99337	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 355/380 Rpt: 358/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodhull, Sara	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Mountain View, CA 94043		
8 Principal occupation / Job title (See Instructions) Information Architect		9 Employer (See Instructions) Self
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodhull, Sara	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Mountain View, CA 94043		
Principal occupation / Job title (See Instructions) Information Architect		Employer (See Instructions) Self
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woods, Laure	Amount of Contribution (\$) \$6,000.00
Contributor address; City; State; Zip Code Palo Alto, CA 94301		
Principal occupation / Job title (See Instructions) Self employed		Employer (See Instructions) Laure L Woods
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wouk, Nina G	Amount of Contribution (\$) \$4.00
Contributor address; City; State; Zip Code Menlo Park, CA 94025		
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Self employed
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wouk, Nina G	Amount of Contribution (\$) \$8.30
Contributor address; City; State; Zip Code Menlo Park, CA 94025		
Principal occupation / Job title (See Instructions) Accountant		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: 356/380 Rpt: 359/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wynn, Toni <hr/> 6 Contributor address; City; State; Zip Code Philadelphia, PA 19143	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Toni Wynn
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yang, Allen <hr/> Contributor address; City; State; Zip Code Chicago, IL 60625	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Business analyst		Employer (See Instructions) Northwestern University
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yang, Vivian <hr/> Contributor address; City; State; Zip Code Hamilton, MT 59840	Amount of Contribution (\$) \$524.00
Principal occupation / Job title (See Instructions) Library Assistant		Employer (See Instructions) Bitterroot Public Library
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yoak, Kimberly <hr/> Contributor address; City; State; Zip Code Stow, OH 44224	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Self-employed		Employer (See Instructions) Kimberly Yoak
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yon, James <hr/> Contributor address; City; State; Zip Code Starr, SC 29684	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Technician		Employer (See Instructions) First Quality Tissue SE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 357/380 Rpt: 360/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yon, James <hr/> 6 Contributor address; City; State; Zip Code Starr, SC 29684	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Technician		9 Employer (See Instructions) First Quality Tissue SE
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Adrienne <hr/> Contributor address; City; State; Zip Code Sewickley, PA 15143-0093	Amount of Contribution (\$) \$54.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Barbara <hr/> Contributor address; City; State; Zip Code Centreville, MD 21617	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Youngerman, Brett <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21218	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Education		Employer (See Instructions) Loyola University
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yow, Elizabeth <hr/> Contributor address; City; State; Zip Code Houston, TX 77005	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Community engaged intern		Employer (See Instructions) Southwestern university

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 358/380 Rpt: 361/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yow, Elizabeth	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Houston, TX 77005		
8 Principal occupation / Job title (See Instructions) Community engaged intern		9 Employer (See Instructions) Southwestern university
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yurgaites, Christine	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Vero Beach, FL 32966		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yurgaites, Christine	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Vero Beach, FL 32966		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yurgaites, Christine	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Vero Beach, FL 32966		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zahedi-Spung, Leilah	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Denver, CO 80238		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Colorado

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 359/380 Rpt: 362/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/01/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zeitlin, Cary <hr/> 6 Contributor address; City; State; Zip Code Vallejo, CA 94592	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) scientist		9 Employer (See Instructions) Leidos
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zelandais, Liz <hr/> Contributor address; City; State; Zip Code Fitchburg, WI 53711	Amount of Contribution (\$) \$46.01
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zelandais, Liz <hr/> Contributor address; City; State; Zip Code Fitchburg, WI 53711	Amount of Contribution (\$) \$46.01
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zirkin, Stephanie <hr/> Contributor address; City; State; Zip Code Greenbelt, MD 20770	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zito, Kimberly <hr/> Contributor address; City; State; Zip Code Myrtle Beach, SC 29588	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Field Nation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 360/380 Rpt: 363/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zoglo, Regina	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Wheat Ridge, CO 80033		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zorich, Robert	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brookhaven, GA 30319		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zorich, Robert	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Brookhaven, GA 30319		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zorich, Robert	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Brookhaven, GA 30319		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zuckerman, Wendy	Amount of Contribution (\$) \$24.00
Contributor address; City; State; Zip Code Brooklyn, NY 11215		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 361/380 Rpt: 364/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/10/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zumeta, Zena <hr/> 6 Contributor address; City; State; Zip Code Ann Arbor, MI 48105	7 Amount of Contribution (\$) \$20.24
8 Principal occupation / Job title (See Instructions) Mediator		9 Employer (See Instructions) MTCI
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) adams, sharon <hr/> Contributor address; City; State; Zip Code Watertown, MA 02472	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) boeschen, daniel <hr/> Contributor address; City; State; Zip Code St. Helena, CA 94574	Amount of Contribution (\$) \$2,024.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) brody, robert <hr/> Contributor address; City; State; Zip Code east hampton, NY 11937	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/11/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) brody, robert <hr/> Contributor address; City; State; Zip Code east hampton, NY 11937	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 362/380 Rpt: 365/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) brooks, shari <hr/> 6 Contributor address; City; State; Zip Code Pacifica, CA 94044	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) release engineer		9 Employer (See Instructions) google llc
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) cocchini, elizabeth <hr/> Contributor address; City; State; Zip Code calimesa, CA 92320	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) conrad, calvin <hr/> Contributor address; City; State; Zip Code Oxford, OH 45056	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) conrad, calvin <hr/> Contributor address; City; State; Zip Code Oxford, OH 45056	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) conrad, calvin <hr/> Contributor address; City; State; Zip Code Oxford, OH 45056	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 363/380 Rpt: 366/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) conrad, calvin <hr/> 6 Contributor address; City; State; Zip Code Oxford, OH 45056	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) conrad, calvin <hr/> Contributor address; City; State; Zip Code Oxford, OH 45056	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self
Date 12/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) conrad, calvin <hr/> Contributor address; City; State; Zip Code Oxford, OH 45056	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) conrad, calvin <hr/> Contributor address; City; State; Zip Code Oxford, OH 45056	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) conrad, calvin <hr/> Contributor address; City; State; Zip Code Oxford, OH 45056	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 364/380 Rpt: 367/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) dancona, amy <hr/> 6 Contributor address; City; State; Zip Code Philadelphia, PA 19131	7 Amount of Contribution (\$) \$20.24
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) danforth, Elizabeth <hr/> Contributor address; City; State; Zip Code Bozeman, MT 59715	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Montana state university
Date 12/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) danforth, Elizabeth <hr/> Contributor address; City; State; Zip Code Bozeman, MT 59715	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Montana state university
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) de Ben, C <hr/> Contributor address; City; State; Zip Code NYC, NY 10009	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) deCastro, John <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94107	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 365/380 Rpt: 368/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) dew, H. <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10002	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Film programmer		9 Employer (See Instructions) IFC Center
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) eisenbeis, christina <hr/> Contributor address; City; State; Zip Code New York, NY 10014	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) Catholic Charities
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) elliott, darcy <hr/> Contributor address; City; State; Zip Code Athens, NY 12015	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) elliott, darcy <hr/> Contributor address; City; State; Zip Code Athens, NY 12015	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) fahr, rick <hr/> Contributor address; City; State; Zip Code Seattle, WA 98121	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Rick Fahr		Employer (See Instructions) Rick Fahr

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 366/380 Rpt: 369/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) federici, tamara <hr/> 6 Contributor address; City; State; Zip Code RALEIGH, NC 27607	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Pace University
Date 11/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) feifer, theodore <hr/> Contributor address; City; State; Zip Code rockville, MD 20852	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/03/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) feifer, theodore <hr/> Contributor address; City; State; Zip Code rockville, MD 20852	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ferrero, gail <hr/> Contributor address; City; State; Zip Code New York, NY 10027	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ferrero, gail <hr/> Contributor address; City; State; Zip Code New York, NY 10027	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 367/380 Rpt: 370/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ferrero, gail <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10027	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) fite, austin <hr/> Contributor address; City; State; Zip Code pacific Palisades, CA 90272	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) healthcare partners
Date 11/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) francis, sally <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94708-1752	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) francis, sally <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94708-1752	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) freedman, nancy <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90024	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) housewife		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 368/380 Rpt: 371/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) freedman, nancy <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90024	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) housewife		9 Employer (See Instructions) none
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) gassan, larry <hr/> Contributor address; City; State; Zip Code Camarillo, CA 93010	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Larry Gassan Photo/White Glove Scanning
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) gassan, larry <hr/> Contributor address; City; State; Zip Code Camarillo, CA 93010	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Larry Gassan Photo/White Glove Scanning
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) gassan, larry <hr/> Contributor address; City; State; Zip Code Camarillo, CA 93010	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Larry Gassan Photo/White Glove Scanning
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) hamik, james <hr/> Contributor address; City; State; Zip Code Santa Rosa, CA 95403	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) Kaiser

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 369/380 Rpt: 372/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/14/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) henkin, michelle	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code New Harbor, ME 04554		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/14/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) henkin, michelle	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New Harbor, ME 04554		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) hess, cheryl	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code berkeley, CA 94707		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) hess, cheryl	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code berkeley, CA 94707		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/20/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) huckabay, kathleen	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Waikoloa, HI 96738		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 370/380 Rpt: 373/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/20/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) huckabay, kathleen <hr/> 6 Contributor address; City; State; Zip Code Waikoloa, HI 96738	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) jorden, janice <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90024	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) khalsa, Gurudarshan <hr/> Contributor address; City; State; Zip Code San Jose, CA 95126	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Archivist		Employer (See Instructions) Stanford
Date 10/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) korth, cynthia <hr/> Contributor address; City; State; Zip Code Llano, TX 78643	Amount of Contribution (\$) \$100.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) mackie, michele <hr/> Contributor address; City; State; Zip Code Oviedo, FL 32765	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 371/380 Rpt: 374/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) malobe, jeff <hr/> 6 Contributor address; City; State; Zip Code Ben Lomond, CA 95005	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) consultant		9 Employer (See Instructions) self
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) malobe, jeff <hr/> Contributor address; City; State; Zip Code Ben Lomond, CA 95005	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self
Date 11/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) malobe, jeff <hr/> Contributor address; City; State; Zip Code Ben Lomond, CA 95005	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) malobe, jeff <hr/> Contributor address; City; State; Zip Code Ben Lomond, CA 95005	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) malobe, jeff <hr/> Contributor address; City; State; Zip Code Ben Lomond, CA 95005	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 372/380 Rpt: 375/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/05/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) mcdonald, john	7 Amount of Contribution (\$) \$55.00
6 Contributor address; City; State; Zip Code Arlington, TX 76011		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) mcdonald, john	Amount of Contribution (\$) \$55.00
Contributor address; City; State; Zip Code Arlington, TX 76011		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) miller, alan	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code rockville, MD 20852		
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) Self
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) miller, alan	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code rockville, MD 20852		
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) Self
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) newman, judith	Amount of Contribution (\$) \$211.00
Contributor address; City; State; Zip Code New York, NY 10012		
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: 373/380 Rpt: 376/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) norcross, julie	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code BOYNE CITY, MI 49712		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) norcross, julie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code BOYNE CITY, MI 49712		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) norcross, julie	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code BOYNE CITY, MI 49712		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) owen, christina	Amount of Contribution (\$) \$20.24
Contributor address; City; State; Zip Code Los Gatos, CA 95031		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) owen, christina	Amount of Contribution (\$) \$20.24
Contributor address; City; State; Zip Code Los Gatos, CA 95031		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 374/380 Rpt: 377/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/15/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) rabinor, Irene	7 Amount of Contribution (\$) \$36.00
6 Contributor address; City; State; Zip Code Atlanta, GA 30342		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) rabinor, Irene	Amount of Contribution (\$) \$18.00
Contributor address; City; State; Zip Code Atlanta, GA 30342		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) rabinor, Irene	Amount of Contribution (\$) \$36.00
Contributor address; City; State; Zip Code Atlanta, GA 30342		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/17/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) rabinor, Irene	Amount of Contribution (\$) \$18.00
Contributor address; City; State; Zip Code Atlanta, GA 30342		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) raizman, dorothy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Ligonier, PA 15658		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 375/380 Rpt: 378/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) raizman, dorothy	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Ligonier, PA 15658		
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) raizman, dorothy	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Ligonier, PA 15658		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) rammelkamp, abby	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code baltimore, MD 21211		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) rammelkamp, abby	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code baltimore, MD 21211		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/07/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) rammelkamp, abby	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code baltimore, MD 21211		
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 376/380 Rpt: 379/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) rammelkamp, abby <hr/> 6 Contributor address; City; State; Zip Code baltimore, MD 21211	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) rienzie, candiano <hr/> Contributor address; City; State; Zip Code miller place, NY 11764	Amount of Contribution (\$) \$10.24
Principal occupation / Job title (See Instructions) physical therapist		Employer (See Instructions) stony brook medicine
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) robbins-roth, cynthia <hr/> Contributor address; City; State; Zip Code san mateo, CA 94403	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) robbins-roth, cynthia <hr/> Contributor address; City; State; Zip Code san mateo, CA 94403	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) robbins-roth, cynthia <hr/> Contributor address; City; State; Zip Code san mateo, CA 94403	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 377/380 Rpt: 380/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) seeberger, Kristin <hr/> 6 Contributor address; City; State; Zip Code Baltimore, MD 21217	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/05/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) segall, pete <hr/> Contributor address; City; State; Zip Code Chicago, IL 60660-1310	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) asst. registrar		Employer (See Instructions) university of chicago
Date 10/31/2024	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	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) sidell, kathrin <hr/> Contributor address; City; State; Zip Code Scotts Valley, CA 95066	Amount of Contribution (\$) \$124.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) pamf
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) thompson, lauralee <hr/> Contributor address; City; State; Zip Code Marina Del Rey, CA 90292-6797	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 378/380 Rpt: 381/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) waldman, nancy <hr/> 6 Contributor address; City; State; Zip Code West Des Moines, IA 50266	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 11/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wasserman, michael <hr/> Contributor address; City; State; Zip Code seattle, WA 98103	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) self
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wasserman, michael <hr/> Contributor address; City; State; Zip Code seattle, WA 98103	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) self
Date 11/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) weil, karen <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94709	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions) Artist at play
Date 12/10/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) weil, karen <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94709	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions) Artist at play

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 379/380 Rpt: 382/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wickstrom, linnea <hr/> 6 Contributor address; City; State; Zip Code Palo Alto, CA 94306	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wilkerson, amy <hr/> Contributor address; City; State; Zip Code St Paul, MN 55104	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wilson, suzette <hr/> Contributor address; City; State; Zip Code SUN CITY, CA 92586-0782	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wilson, suzette <hr/> Contributor address; City; State; Zip Code SUN CITY, CA 92586-0782	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) woods, william I <hr/> Contributor address; City; State; Zip Code San Diego, CA 92116	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 380/380 Rpt: 383/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/27/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wrinkle, david <hr/> 6 Contributor address; City; State; Zip Code fort worth, TX 76108	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wrinkle, david <hr/> Contributor address; City; State; Zip Code fort worth, TX 76108	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/19/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) yates, mary <hr/> Contributor address; City; State; Zip Code Gilroy, CA 95020	Amount of Contribution (\$) \$25.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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: 1/6 Rpt: 384/390	2 FILER NAME Rideshare 2 Vote	3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/29/2024	5 Payee name Act Blue Technical Service	
6 Amount (\$) \$3,097.18 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Donation Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/05/2024	Payee name Act Blue Technical Service	
Amount (\$) \$2,844.26 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/13/2024	Payee name Act Blue Technical Service	
Amount (\$) \$440.72 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Donation Processing Fee
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: 2/6 Rpt: 385/390	2 FILER NAME Rideshare 2 Vote	3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/19/2024	5 Payee name Act Blue Technical Service	
6 Amount (\$) \$210.64 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Donation Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/26/2024	Payee name Act Blue Technical Service	
Amount (\$) \$150.54 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2024	Payee name Act Blue Technical Service	
Amount (\$) \$142.88 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Donation Processing Fee
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: 3/6 Rpt: 386/390	2 FILER NAME Rideshare 2 Vote	3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/10/2024	5 Payee name Act Blue Technical Service	
6 Amount (\$) \$97.35 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Donation Processing Fee
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2024	Payee name Act Blue Technical Service	
Amount (\$) \$108.02 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Donation Processing Fee
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/26/2024	Payee name Act Blue Technical Service	
Amount (\$) \$119.30 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Donation Processing Fee
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: 4/6 Rpt: 387/390	2 FILER NAME Rideshare 2 Vote	3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2024	5 Payee name NGP VAN	
6 Amount (\$) \$1,444.43 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 655 - 15th Street, NW Suite 650 Washington, DC 20005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 for fundraising
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/03/2024	Payee name NGP VAN	
Amount (\$) \$1,444.44 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 655 - 15th Street, NW Suite 650 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 for fundraising
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/04/2024	Payee name Paragon Solutions	
Amount (\$) \$25.38 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2141 East Broadway Road Suite 202 Tempe, AZ 85282	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Donation Processing Fee
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: 5/6 Rpt: 388/390	2 FILER NAME Rideshare 2 Vote	3 Filer ID (Ethics Commission Filers) 00084821
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4 Date 12/02/2024	5 Payee name Paragon Solutions
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6 Amount (\$) \$25.38 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2141 East Broadway Road Suite 202 Tempe, AZ 85282
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Donation Processing Fee
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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 12/08/2024	Payee name R, Webb
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Amount (\$) \$24.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 144 Meridian Blvd. Queens, NY 11692
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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 Donation Refund for donations received & reported in prior periods
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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 11/05/2024	Payee name Ruth, Firsching
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Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1101 Austin Lane Apt 10207 Austin, TX 78758-1102
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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 Donation Refund for donations received & reported in prior periods
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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 | 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: 6/6 Rpt: 389/390	2 FILER NAME Rideshare 2 Vote	3 Filer ID (Ethics Commission Filers) 00084821
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4 Date 11/05/2024	5 Payee name Ruth, Firsching
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6 Amount (\$) \$10.00	7 Payee address; City; State; Zip Code 1101 Austin Lane Apt 10207 Austin, TX 78758-1102
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Expenditure from corporate funds

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 Donation Refund for donations received & reported in prior periods
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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 12/05/2024	Payee name Scale To Win
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Amount (\$) \$2,420.89	Payee address; City; State; Zip Code 13742 Harper Street Santa Ana, CA 92703-1419
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Expenditure from corporate funds

PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising 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 Texting platform for fundraising
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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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INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 390/390
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2024	5 Name of person from whom amount is received Resource One Credit Union	8 Amount (\$) \$258.55
	6 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75251	
	7 Purpose for which amount is received Bank interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/30/2024	Name of person from whom amount is received Resource One Credit Union	Amount (\$) \$358.89
	Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75251	
	Purpose for which amount is received Bank Interest <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/31/2024	Name of person from whom amount is received Resource One Credit Union	Amount (\$) \$438.98
	Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75251	
	Purpose for which amount is received Bank Interest <input type="checkbox"/> Check if political contribution returned to filer	