

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME National Democratic Redistricting Committee	13 Filer ID (Ethics Commission Filers) 00084832
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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 Christine Weems Supreme Court Justice
		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	\$ 148,359.44
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 255,849.94
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 641.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 110,037.94
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 900,372.50
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.

Kirsten Collings

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**FORM GPAC**
COVER SHEET PG 3
3 of 199

17 COMMITTEE NAME National Democratic Redistricting Committee		18 Filer ID 00084832	(Ethics Commission Filers)
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT	
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$	255,849.94
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	\$	110,037.94
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 type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$	

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/190 Rpt: 4/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abbott, Thomas A.	7 Amount of Contribution (\$) \$1,000.00
	6 Contributor address; City; State; Zip Code Teaneck, NJ 07666-3304	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Abramson, Ronald	Amount of Contribution (\$) \$500.00
	Contributor address; City; State; Zip Code Washington, DC 20006-3807	
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Buchanan Ingersoll & Rooney
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ackerman, Sandra	Amount of Contribution (\$) \$18.00
	Contributor address; City; State; Zip Code Durham, NC 27701-1709	
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ackerman, Sandra	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Durham, NC 27701-1709	
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ackerman, Sandra	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Durham, NC 27701-1709	
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: 2/190 Rpt: 5/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ackerman, Sandra <hr/> 6 Contributor address; City; State; Zip Code Durham, NC 27701-1709	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Self Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ackerman, Sandra <hr/> Contributor address; City; State; Zip Code Durham, NC 27701-1709	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ackerman, Sandra <hr/> Contributor address; City; State; Zip Code Durham, NC 27701-1709	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ackerman, Sandra <hr/> Contributor address; City; State; Zip Code Durham, NC 27701-1709	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ackerman, Sandra <hr/> Contributor address; City; State; Zip Code Durham, NC 27701-1709	Amount of Contribution (\$) \$18.00
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: 3/190 Rpt: 6/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adam, Joan	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code Kansas City, MO 64112-3319		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aiyer, Kamesh	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Cambridge, MA 02139-3961		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Kashi Software Architects Inc.
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Aiyer, Kamesh	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Cambridge, MA 02139-3961		
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Kashi Software Architects Inc.
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, John	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Dallas, TX 75248-5249		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Allen, John	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Dallas, TX 75248-5249		
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: 4/190 Rpt: 7/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andalman, Elliott	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Takoma Park, MD 20912-4615		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Andalman and Flynn
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Andalman, Elliott	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Takoma Park, MD 20912-4615		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Andalman and Flynn
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404		
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: 5/190 Rpt: 8/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404		
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Self Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404		
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Anderson, Bonnie	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Brooklyn, NY 11217-3404		
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: 6/190 Rpt: 9/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Antonio, Juan	7 Amount of Contribution (\$) \$150.00
6 Contributor address; City; State; Zip Code North Franklin, CT 06254-1202		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armentrout, Peter	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Salt Lake City, UT 84112-0850		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Utah
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armentrout, Peter	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Salt Lake City, UT 84112-0850		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Utah
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armentrout, Peter	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Salt Lake City, UT 84112-0850		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Utah
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Armstrong, Rosemary	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Tampa, FL 33609-4631		
Principal occupation / Job title (See Instructions) Executive Director		Employer (See Instructions) Crossroads For Florida Kids

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/190 Rpt: 10/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ash, Mitchell <hr/> 6 Contributor address; City; State; Zip Code Austria, DC 20000	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ash, Mitchell <hr/> Contributor address; City; State; Zip Code Austria, DC 20000	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ash, Mitchell <hr/> Contributor address; City; State; Zip Code Austria, DC 20000	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ash, Mitchell <hr/> Contributor address; City; State; Zip Code Austria, DC 20000	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ash, Mitchell <hr/> Contributor address; City; State; Zip Code Austria, DC 20000	Amount of Contribution (\$) \$50.00
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: 8/190 Rpt: 11/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atchley, John <hr/> 6 Contributor address; City; State; Zip Code Derwood, MD 20855-2231	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bachman, Frederick <hr/> Contributor address; City; State; Zip Code Forest Hills, NY 11375-5101	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) O'Melveny and Myers LLP
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bachman, Frederick <hr/> Contributor address; City; State; Zip Code Forest Hills, NY 11375-5101	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) O'Melveny and Myers LLP
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bade, Michael <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94116-1345	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California San Francisco
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bade, Michael <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94116-1345	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University of California San Francisco

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/190 Rpt: 12/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, James <hr/> 6 Contributor address; City; State; Zip Code Bethesda, MD 20817-4850	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, James <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20817-4850	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, James <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20817-4850	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, James <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20817-4850	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, James <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20817-4850	Amount of Contribution (\$) \$25.00
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: 10/190 Rpt: 13/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, James <hr/> 6 Contributor address; City; State; Zip Code Bethesda, MD 20817-4850	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, James <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20817-4850	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barker, James <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20817-4850	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barron, Jessica <hr/> Contributor address; City; State; Zip Code Annapolis, MD 21401-6815	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barron, Jessica <hr/> Contributor address; City; State; Zip Code Annapolis, MD 21401-6815	Amount of Contribution (\$) \$100.00
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: 11/190 Rpt: 14/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Michael <hr/> 6 Contributor address; City; State; Zip Code Boulder, CO 80303-2935	7 Amount of Contribution (\$) \$52.50
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Michael <hr/> Contributor address; City; State; Zip Code Boulder, CO 80303-2935	Amount of Contribution (\$) \$52.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barth, Michael <hr/> Contributor address; City; State; Zip Code Boulder, CO 80303-2935	Amount of Contribution (\$) \$52.50
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bauer, Judy <hr/> Contributor address; City; State; Zip Code Washington, DC 20024-4547	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bazerman, Charles <hr/> Contributor address; City; State; Zip Code Santa Barbara, CA 93111-1721	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Professor		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: 12/190 Rpt: 15/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bazerman, Charles <hr/> 6 Contributor address; City; State; Zip Code Santa Barbara, CA 93111-1721	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of California
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becque, Bruce <hr/> Contributor address; City; State; Zip Code Lamoine, ME 04605-4742	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Northern Light Maine Coast Hospital
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becque, Bruce <hr/> Contributor address; City; State; Zip Code Lamoine, ME 04605-4742	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Northern Light Maine Coast Hospital
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Becque, Bruce <hr/> Contributor address; City; State; Zip Code Lamoine, ME 04605-4742	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Registered Nurse		Employer (See Instructions) Northern Light Maine Coast Hospital
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Farmer		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: 13/190 Rpt: 16/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> 6 Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Farmer		9 Employer (See Instructions) Self Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bedingfield, Scott <hr/> Contributor address; City; State; Zip Code Kapaau, HI 96755-1220	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Farmer		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: 14/190 Rpt: 17/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Leonard	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Woodbridge, CT 06525-2533		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Leonard	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Woodbridge, CT 06525-2533		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Leonard	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Woodbridge, CT 06525-2533		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berdine, Jill	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Lubbock, TX 79490-6804		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berdine, Jill	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Lubbock, TX 79490-6804		
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: 15/190 Rpt: 18/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berdine, Jill <hr/> 6 Contributor address; City; State; Zip Code Lubbock, TX 79490-6804	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berdine, Jill <hr/> Contributor address; City; State; Zip Code Lubbock, TX 79490-6804	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bermeo, Nancy <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08542-4601	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berry, Robin <hr/> Contributor address; City; State; Zip Code Half Moon Bay, CA 94019-5110	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birman, B. <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20901-3301	Amount of Contribution (\$) \$50.00
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: 16/190 Rpt: 19/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birman, B.	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Silver Spring, MD 20901-3301		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Birman, B.	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Silver Spring, MD 20901-3301		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blum, Lawrence	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Bala Cynwyd, PA 19004-2303		
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) self
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blume, James	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Berkeley, CA 94705-1603		
Principal occupation / Job title (See Instructions) Investment Advisor		Employer (See Instructions) Blume Capital
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boothe, Barry	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code San Francisco, CA 94115-1117		
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: 17/190 Rpt: 20/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boothe, Barry <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94115-1117	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridges, James <hr/> Contributor address; City; State; Zip Code Farmington Hills, MI 48331-1547	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) BCBSM
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridges, James <hr/> Contributor address; City; State; Zip Code Farmington Hills, MI 48331-1547	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) BCBSM
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridges, James <hr/> Contributor address; City; State; Zip Code Farmington Hills, MI 48331-1547	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) BCBSM
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bridges, James <hr/> Contributor address; City; State; Zip Code Farmington Hills, MI 48331-1547	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) BCBSM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/190 Rpt: 21/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Mark	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Chapel Hill, NC 27516-7988		
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Duke University
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Mark	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Chapel Hill, NC 27516-7988		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Duke University
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Mark	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Chapel Hill, NC 27516-7988		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Duke University
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Mark	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Chapel Hill, NC 27516-7988		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Duke University
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Mark	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Chapel Hill, NC 27516-7988		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Duke University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/190 Rpt: 22/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownscombe, Tom <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005-2355	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownscombe, Tom <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2355	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownscombe, Tom <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2355	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownscombe, Tom <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2355	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownscombe, Tom <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2355	Amount of Contribution (\$) \$100.00
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: 20/190 Rpt: 23/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownscombe, Tom	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Houston, TX 77005-2355		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownscombe, Tom	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77005-2355		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownscombe, Tom	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77005-2355		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownscombe, Tom	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Houston, TX 77005-2355		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownscombe, Tom	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Houston, TX 77005-2355		
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: 21/190 Rpt: 24/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownscombe, Tom <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005-2355	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownscombe, Tom <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2355	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownscombe, Tom <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2355	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownscombe, Tom <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2355	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownscombe, Tom <hr/> Contributor address; City; State; Zip Code Houston, TX 77005-2355	Amount of Contribution (\$) \$10.00
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: 22/190 Rpt: 25/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brownscombe, Tom <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77005-2355	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruckner, Steven <hr/> Contributor address; City; State; Zip Code Portland, OR 97210-3770	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruckner, Steven <hr/> Contributor address; City; State; Zip Code Portland, OR 97210-3770	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruckner, Steven <hr/> Contributor address; City; State; Zip Code Portland, OR 97210-3770	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bruckner, Steven <hr/> Contributor address; City; State; Zip Code Portland, OR 97210-3770	Amount of Contribution (\$) \$250.00
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: 23/190 Rpt: 26/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Joshua J.	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Golden Valley, MN 55427-4965		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) General Mills Inc.
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burke, Joshua J.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Golden Valley, MN 55427-4965		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) General Mills Inc.
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Leslie E.	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Brandon, FL 33511-7967		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Leslie E.	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Brandon, FL 33511-7967		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Leslie E.	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Brandon, FL 33511-7967		
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: 24/190 Rpt: 27/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Leslie E.	7 Amount of Contribution (\$) \$50.00
	6 Contributor address; City; State; Zip Code Brandon, FL 33511-7967	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butler, Leslie E.	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Brandon, FL 33511-7967	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calloway, Karen	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Young Harris, GA 30582-2818	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Young Harris College
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Calloway, Karen	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Young Harris, GA 30582-2818	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Young Harris College
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carleton, Peter	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Portland, ME 04102-3848	
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: 25/190 Rpt: 28/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carleton, Peter <hr/> 6 Contributor address; City; State; Zip Code Portland, ME 04102-3848	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carleton, Peter <hr/> Contributor address; City; State; Zip Code Portland, ME 04102-3848	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carleton, Peter <hr/> Contributor address; City; State; Zip Code Portland, ME 04102-3848	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chanoine, Hannah <hr/> Contributor address; City; State; Zip Code New York, NY 10025-8516	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) O'Melveny and Myers LLP
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavous, Donna <hr/> Contributor address; City; State; Zip Code West Hollywood, CA 90046-5812	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: 26/190 Rpt: 29/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavous, Donna	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code West Hollywood, CA 90046-5812		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavous, Donna	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code West Hollywood, CA 90046-5812		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavous, Donna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code West Hollywood, CA 90046-5812		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavous, Donna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code West Hollywood, CA 90046-5812		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavous, Donna	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code West Hollywood, CA 90046-5812		
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: 27/190 Rpt: 30/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavous, Donna <hr/> 6 Contributor address; City; State; Zip Code West Hollywood, CA 90046-5812	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavous, Donna <hr/> Contributor address; City; State; Zip Code West Hollywood, CA 90046-5812	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chavous, Donna <hr/> Contributor address; City; State; Zip Code West Hollywood, CA 90046-5812	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Choi, R. Leslie <hr/> Contributor address; City; State; Zip Code Glendale, CA 91208-1719	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Choi, R. Leslie <hr/> Contributor address; City; State; Zip Code Glendale, CA 91208-1719	Amount of Contribution (\$) \$100.00
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: 28/190 Rpt: 31/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Choi, R. Leslie	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Glendale, CA 91208-1719		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Choi, R. Leslie	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Glendale, CA 91208-1719		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chouinard, Susan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Baltimore, MD 21209-3836		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chouinard, Susan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Baltimore, MD 21209-3836		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chouinard, Susan	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Baltimore, MD 21209-3836		
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: 29/190 Rpt: 32/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chouinard, Susan	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Baltimore, MD 21209-3836		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chouinard, Susan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Baltimore, MD 21209-3836		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chouinard, Susan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Baltimore, MD 21209-3836		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Jennifer	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Santa Barbara, CA 93105-5456		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Jennifer	Amount of Contribution (\$) \$510.00
Contributor address; City; State; Zip Code Santa Barbara, CA 93105-5456		
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: 30/190 Rpt: 33/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Michael A.	7 Amount of Contribution (\$) \$73.00
	6 Contributor address; City; State; Zip Code Holt, MI 48842-1927	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clark, Michael A.	Amount of Contribution (\$) \$73.00
	Contributor address; City; State; Zip Code Holt, MI 48842-1927	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coha, Peter	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Corrales, NM 87048-2167	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662	
Principal occupation / Job title (See Instructions) Antiques Dealer		Employer (See Instructions) Self Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Copen, Laurin	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Sag Harbor, NY 11963-2662	
Principal occupation / Job title (See Instructions) Antiques Dealer		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: 31/190 Rpt: 34/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Corcoran, Stephen	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Tillamook, OR 97141-9598		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis M.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Chilmark, MA 02535-2108		
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis M.	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Chilmark, MA 02535-2108		
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis M.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Chilmark, MA 02535-2108		
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis M.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Chilmark, MA 02535-2108		
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/190 Rpt: 35/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis M.	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Chilmark, MA 02535-2108	
8 Principal occupation / Job title (See Instructions) Carpenter		9 Employer (See Instructions) MV Construction Company
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis M.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Chilmark, MA 02535-2108	
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis M.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Chilmark, MA 02535-2108	
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis M.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Chilmark, MA 02535-2108	
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis M.	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Chilmark, MA 02535-2108	
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/190 Rpt: 36/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis M.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Chilmark, MA 02535-2108	
8 Principal occupation / Job title (See Instructions) Carpenter		9 Employer (See Instructions) MV Construction Company
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cossutta, Louis M.	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Chilmark, MA 02535-2108	
Principal occupation / Job title (See Instructions) Carpenter		Employer (See Instructions) MV Construction Company
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Croan, Jerry	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Centreville, VA 20120-1248	
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) Self Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Croan, Jerry	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Centreville, VA 20120-1248	
Principal occupation / Job title (See Instructions) Consulting		Employer (See Instructions) Self Employed
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cryer, Jon	Amount of Contribution (\$)
	Contributor address; City; State; Zip Code Santa Clarita, CA 91350-2374	
Principal occupation / Job title (See Instructions) Actor		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: 34/190 Rpt: 37/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cryer, Jon	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code Santa Clarita, CA 91350-2374		
8 Principal occupation / Job title (See Instructions) Actor		9 Employer (See Instructions) Self Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Jan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New Haven, CT 06511-1228		
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Jan	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New Haven, CT 06511-1228		
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Jan	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code New Haven, CT 06511-1228		
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Jan	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code New Haven, CT 06511-1228		
Principal occupation / Job title (See Instructions) Artist		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: 35/190 Rpt: 38/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Jan <hr/> 6 Contributor address; City; State; Zip Code New Haven, CT 06511-1228	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Artist		9 Employer (See Instructions) Self Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis, Susan <hr/> Contributor address; City; State; Zip Code Madison, WI 53704-5547	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis, Susan <hr/> Contributor address; City; State; Zip Code Madison, WI 53704-5547	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis, Susan <hr/> Contributor address; City; State; Zip Code Madison, WI 53704-5547	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Curtis, Susan <hr/> Contributor address; City; State; Zip Code Madison, WI 53704-5547	Amount of Contribution (\$) \$250.00
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: 36/190 Rpt: 39/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daiker, Donald	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Oxford, OH 45056-1812		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daiker, Donald	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Oxford, OH 45056-1812		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daiker, Donald	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Oxford, OH 45056-1812		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daiker, Donald	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Oxford, OH 45056-1812		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daiker, Donald	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Oxford, OH 45056-1812		
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: 37/190 Rpt: 40/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daiker, Donald	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Oxford, OH 45056-1812		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daiker, Donald	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Oxford, OH 45056-1812		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daiker, Donald	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Oxford, OH 45056-1812		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daiker, Donald	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Oxford, OH 45056-1812		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Daiker, Donald	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Oxford, OH 45056-1812		
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: 38/190 Rpt: 41/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dale, Charles <hr/> 6 Contributor address; City; State; Zip Code Boca Raton, FL 33433-4456	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Elizabeth C. <hr/> Contributor address; City; State; Zip Code Pomona, CA 91767-2085	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Elizabeth C. <hr/> Contributor address; City; State; Zip Code Pomona, CA 91767-2085	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marian <hr/> Contributor address; City; State; Zip Code Portland, OR 97221-2737	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marian <hr/> Contributor address; City; State; Zip Code Portland, OR 97221-2737	Amount of Contribution (\$) \$25.00
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: 39/190 Rpt: 42/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marian <hr/> 6 Contributor address; City; State; Zip Code Portland, OR 97221-2737	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marian <hr/> Contributor address; City; State; Zip Code Portland, OR 97221-2737	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marian <hr/> Contributor address; City; State; Zip Code Portland, OR 97221-2737	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Samuel <hr/> Contributor address; City; State; Zip Code Naples, FL 34110-2700	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Samuel <hr/> Contributor address; City; State; Zip Code Naples, FL 34110-2700	Amount of Contribution (\$) \$150.00
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: 40/190 Rpt: 43/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Samuel <hr/> 6 Contributor address; City; State; Zip Code Naples, FL 34110-2700	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) De Vegvar, Henry <hr/> Contributor address; City; State; Zip Code Saratoga, CA 95070-5351	Amount of Contribution (\$) \$197.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeRosa, Francis <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94121-1034	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Energy Consultant		Employer (See Instructions) DeRosa Advisors
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debell, John <hr/> Contributor address; City; State; Zip Code Menlo Park, CA 94025-3243	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Debell, John <hr/> Contributor address; City; State; Zip Code Menlo Park, CA 94025-3243	Amount of Contribution (\$) \$100.00
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: 41/190 Rpt: 44/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decesare, Judy <hr/> 6 Contributor address; City; State; Zip Code Davis, CA 95616-2910	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decesare, Judy <hr/> Contributor address; City; State; Zip Code Davis, CA 95616-2910	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Decesare, Judy <hr/> Contributor address; City; State; Zip Code Davis, CA 95616-2910	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Deleon, Victor <hr/> Contributor address; City; State; Zip Code Seattle, WA 98118-4244	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Wildcard
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derrough, Roger <hr/> Contributor address; City; State; Zip Code Weaverville, NC 28787-8702	Amount of Contribution (\$) \$100.00
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: 42/190 Rpt: 45/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derrough, Roger <hr/> 6 Contributor address; City; State; Zip Code Weaverville, NC 28787-8702	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Derrough, Roger <hr/> Contributor address; City; State; Zip Code Weaverville, NC 28787-8702	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devona, Dennis <hr/> Contributor address; City; State; Zip Code Winter Park, FL 32789-5206	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Art Dealer		Employer (See Instructions) Self Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devries, Carol <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27517-2006	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devries, Carol <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27517-2006	Amount of Contribution (\$) \$100.00
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: 43/190 Rpt: 46/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Devries, Carol <hr/> 6 Contributor address; City; State; Zip Code Chapel Hill, NC 27517-2006	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen <hr/> Contributor address; City; State; Zip Code Williamson, NY 14589-9758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) DyNalab Corporation
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen <hr/> Contributor address; City; State; Zip Code Williamson, NY 14589-9758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) DyNalab Corporation
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen <hr/> Contributor address; City; State; Zip Code Williamson, NY 14589-9758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) DyNalab Corporation
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dewitt, Kathleen <hr/> Contributor address; City; State; Zip Code Williamson, NY 14589-9758	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) DyNalab Corporation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/190 Rpt: 47/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnelly, Julie	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Mountain View, CA 94040-2016	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnelly, Julie	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Mountain View, CA 94040-2016	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnelly, Julie	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Mountain View, CA 94040-2016	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnelly, Julie	Amount of Contribution (\$) \$15.00
	Contributor address; City; State; Zip Code Mountain View, CA 94040-2016	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnelly, Julie	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Mountain View, CA 94040-2016	
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: 45/190 Rpt: 48/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnelly, Julie <hr/> 6 Contributor address; City; State; Zip Code Mountain View, CA 94040-2016	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Donnelly, Julie <hr/> Contributor address; City; State; Zip Code Mountain View, CA 94040-2016	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dorsey, James <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30324-3228	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) University Of Georgia
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Duke, P. Benjamin <hr/> Contributor address; City; State; Zip Code Oyster Bay, NY 11771-4111	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Partner		Employer (See Instructions) Covington and Burling LLP
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dussourd, Ellen <hr/> Contributor address; City; State; Zip Code Sudbury, MA 01776-2913	Amount of Contribution (\$) \$250.00
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: 46/190 Rpt: 49/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Geoff <hr/> 6 Contributor address; City; State; Zip Code Crete, NE 68333-1747	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Geoff <hr/> Contributor address; City; State; Zip Code Crete, NE 68333-1747	Amount of Contribution (\$) \$37.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Geoff <hr/> Contributor address; City; State; Zip Code Crete, NE 68333-1747	Amount of Contribution (\$) \$37.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Easton, Geoff <hr/> Contributor address; City; State; Zip Code Crete, NE 68333-1747	Amount of Contribution (\$) \$37.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebel, Jenny <hr/> Contributor address; City; State; Zip Code Oakland, CA 94619-2221	Amount of Contribution (\$) \$100.00
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: 47/190 Rpt: 50/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebel, Jenny <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94619-2221	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ebel, Jenny <hr/> Contributor address; City; State; Zip Code Oakland, CA 94619-2221	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eby, Mark <hr/> Contributor address; City; State; Zip Code Brunswick, GA 31523-7159	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eby, Mark <hr/> Contributor address; City; State; Zip Code Brunswick, GA 31523-7159	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Anthony <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-3213	Amount of Contribution (\$) \$60.00
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: 48/190 Rpt: 51/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Anthony <hr/> 6 Contributor address; City; State; Zip Code Eugene, OR 97405-3213	7 Amount of Contribution (\$) \$60.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Elliott, R. Bruce <hr/> Contributor address; City; State; Zip Code Dallas, TX 75220-1611	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engel, Lewis <hr/> Contributor address; City; State; Zip Code San Rafael, CA 94901-3614	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Clinical Psychologist		Employer (See Instructions) Self Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engel, Lewis <hr/> Contributor address; City; State; Zip Code San Rafael, CA 94901-3614	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Clinical Psychologist		Employer (See Instructions) Self Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enzor-Wilson, Julie <hr/> Contributor address; City; State; Zip Code Grass Valley, CA 95945-8460	Amount of Contribution (\$) \$200.00
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: 49/190 Rpt: 52/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Enzor-Wilson, Julie <hr/> 6 Contributor address; City; State; Zip Code Grass Valley, CA 95945-8460	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein, Joel <hr/> Contributor address; City; State; Zip Code Greenwich, CT 06831-4361	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein, Joel <hr/> Contributor address; City; State; Zip Code Greenwich, CT 06831-4361	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein, Joel <hr/> Contributor address; City; State; Zip Code Greenwich, CT 06831-4361	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Epstein, Joel <hr/> Contributor address; City; State; Zip Code Greenwich, CT 06831-4361	Amount of Contribution (\$) \$5.00
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: 50/190 Rpt: 53/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson Jr., Josiah <hr/> 6 Contributor address; City; State; Zip Code Seattle, WA 98115-6943	7 Amount of Contribution (\$) \$85.00
8 Principal occupation / Job title (See Instructions) Property Manager and Investor		9 Employer (See Instructions) Self Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Erickson Jr., Josiah <hr/> Contributor address; City; State; Zip Code Seattle, WA 98115-6943	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) Property Manager and Investor		Employer (See Instructions) Self Employed
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fabre, Vilma <hr/> Contributor address; City; State; Zip Code Louisville, KY 40204-2205	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dermatopathology Consultants of Kentucky PLLC
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fabre, Vilma <hr/> Contributor address; City; State; Zip Code Louisville, KY 40204-2205	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dermatopathology Consultants of Kentucky PLLC
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fabre, Vilma <hr/> Contributor address; City; State; Zip Code Louisville, KY 40204-2205	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Dermatopathology Consultants of Kentucky PLLC

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/190 Rpt: 54/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fabre, Vilma <hr/> 6 Contributor address; City; State; Zip Code Louisville, KY 40204-2205	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Dermatopathology Consultants of Kentucky PLLC
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fike, Jeanne <hr/> Contributor address; City; State; Zip Code Uniontown, PA 15401-6886	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fike, Jeanne <hr/> Contributor address; City; State; Zip Code Uniontown, PA 15401-6886	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fike, Jeanne <hr/> Contributor address; City; State; Zip Code Uniontown, PA 15401-6886	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Files, Jennifer <hr/> Contributor address; City; State; Zip Code Reno, NV 89509-7028	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Office Assistant		Employer (See Instructions) Scott Dean Agency

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/190 Rpt: 55/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Files, Jennifer	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Reno, NV 89509-7028		
8 Principal occupation / Job title (See Instructions) Office Assistant		9 Employer (See Instructions) Scott Dean Agency
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Files, Jennifer	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Reno, NV 89509-7028		
Principal occupation / Job title (See Instructions) Office Assistant		Employer (See Instructions) Scott Dean Agency
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fletcher, William	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Chapel Hill, NC 27517-3027		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fletcher, William	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Chapel Hill, NC 27517-3027		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fletcher, William	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Chapel Hill, NC 27517-3027		
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: 53/190 Rpt: 56/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fletcher, William <hr/> 6 Contributor address; City; State; Zip Code Chapel Hill, NC 27517-3027	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fletcher, William <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27517-3027	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fletcher, William <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27517-3027	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flores, Corinne <hr/> Contributor address; City; State; Zip Code Sierra Madre, CA 91024-2101	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Sales Engineer		Employer (See Instructions) Baker Tilly US
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Michael <hr/> Contributor address; City; State; Zip Code Chicago, IL 60637-6778	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) E Z Tree Recycling

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/190 Rpt: 57/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fowler, Michael <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60637-6778	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) E Z Tree Recycling
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frampton, Robert <hr/> Contributor address; City; State; Zip Code Pasadena, CA 91104-2966	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) The Boeing Company
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frampton, Robert <hr/> Contributor address; City; State; Zip Code Pasadena, CA 91104-2966	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) The Boeing Company
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frampton, Robert <hr/> Contributor address; City; State; Zip Code Pasadena, CA 91104-2966	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) The Boeing Company
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frampton, Robert <hr/> Contributor address; City; State; Zip Code Pasadena, CA 91104-2966	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) The Boeing Company

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/190 Rpt: 58/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frampton, Robert <hr/> 6 Contributor address; City; State; Zip Code Pasadena, CA 91104-2966	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) The Boeing Company
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frampton, Robert <hr/> Contributor address; City; State; Zip Code Pasadena, CA 91104-2966	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) The Boeing Company
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazer, Anne <hr/> Contributor address; City; State; Zip Code Monroe, LA 71201-4230	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frazer, Anne <hr/> Contributor address; City; State; Zip Code Monroe, LA 71201-4230	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freedman, Debbie <hr/> Contributor address; City; State; Zip Code Princeton, NJ 08540-5329	Amount of Contribution (\$) \$5,000.00
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: 56/190 Rpt: 59/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freedman, Melissa	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Kendall Park, NJ 08824-1850		
8 Principal occupation / Job title (See Instructions) Higher Education Assessment		9 Employer (See Instructions) Rutgers University
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Jennifer	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Melbourne, FL 32940-6828		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Jennifer	Amount of Contribution (\$) \$72.00
Contributor address; City; State; Zip Code Melbourne, FL 32940-6828		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Jennifer	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Melbourne, FL 32940-6828		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fugate, Barbara	Amount of Contribution (\$) \$120.00
Contributor address; City; State; Zip Code Silver Spring, MD 20904-2907		
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: 57/190 Rpt: 60/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuhrer, Gail	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Montague, MA 01351-9506		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuhrer, Gail	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Montague, MA 01351-9506		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuhrer, Gail	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Montague, MA 01351-9506		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuhrer, Gail	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Montague, MA 01351-9506		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fuhrer, Gail	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Montague, MA 01351-9506		
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: 58/190 Rpt: 61/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulp, Carol <hr/> 6 Contributor address; City; State; Zip Code Boston, MA 02116-3043	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) President and CEO		9 Employer (See Instructions) The Partnership Inc.
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fulp, Carol <hr/> Contributor address; City; State; Zip Code Boston, MA 02116-3043	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) President and CEO		Employer (See Instructions) The Partnership Inc.
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabbard, James <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94131-2009	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gabbard, James <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94131-2009	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gahres, Jeff <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11215-1454	Amount of Contribution (\$) \$150.00
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: 59/190 Rpt: 62/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gdisis, Deborah	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Wichita, KS 67212-5473		
8 Principal occupation / Job title (See Instructions) Financial Advisor		9 Employer (See Instructions) Ameriprise Financial
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gdisis, Deborah	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Wichita, KS 67212-5473		
Principal occupation / Job title (See Instructions) Financial Advisor		Employer (See Instructions) Ameriprise Financial
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gefter, Marcy	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Boston, MA 02116-3025		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gefter, Marcy	Amount of Contribution (\$) \$60.00
Contributor address; City; State; Zip Code Boston, MA 02116-3025		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Donetta	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Washington, DC 20015-1629		
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: 60/190 Rpt: 63/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Eugene <hr/> 6 Contributor address; City; State; Zip Code Bumpass, VA 23024-9319	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerber, Larry <hr/> Contributor address; City; State; Zip Code Auburn, AL 36830-5939	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gerber, Larry <hr/> Contributor address; City; State; Zip Code Auburn, AL 36830-5939	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghory, Ward <hr/> Contributor address; City; State; Zip Code East Orleans, MA 02643-0547	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ghory, Ward <hr/> Contributor address; City; State; Zip Code East Orleans, MA 02643-0547	Amount of Contribution (\$) \$90.00
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: 61/190 Rpt: 64/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> 6 Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gibson, Sherry <hr/> Contributor address; City; State; Zip Code O Fallon, IL 62269-6680	Amount of Contribution (\$) \$25.00
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: 62/190 Rpt: 65/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Anne <hr/> 6 Contributor address; City; State; Zip Code Saint Louis, MO 63130-4142	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) Washington University
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Anne <hr/> Contributor address; City; State; Zip Code Saint Louis, MO 63130-4142	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Washington University
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomer Bangel, Louise <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45236-3336	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomer Bangel, Louise <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45236-3336	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomer Bangel, Louise <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45236-3336	Amount of Contribution (\$) \$40.00
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: 63/190 Rpt: 66/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gomer Bangel, Louise <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45236-3336	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodfarb, Jay <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85012-1339	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Self Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goodfarb, Jay <hr/> Contributor address; City; State; Zip Code Phoenix, AZ 85012-1339	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Physical Therapist		Employer (See Instructions) Self Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Joseph <hr/> Contributor address; City; State; Zip Code Rochester, NY 14625-1121	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Joseph <hr/> Contributor address; City; State; Zip Code Rochester, NY 14625-1121	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Attorney		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: 64/190 Rpt: 67/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gotlieb, James <hr/> 6 Contributor address; City; State; Zip Code Baltimore, MD 21231-3532	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gotlieb, James <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21231-3532	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gotlieb, James <hr/> Contributor address; City; State; Zip Code Baltimore, MD 21231-3532	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, David <hr/> Contributor address; City; State; Zip Code Orange, NJ 07051-0628	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwald, Jason <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90068-2332	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: 65/190 Rpt: 68/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greenwald, Jason <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90068-2332	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Loma <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85746-7200	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Loma <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85746-7200	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Loma <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85746-7200	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Loma <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85746-7200	Amount of Contribution (\$) \$25.00
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: 66/190 Rpt: 69/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffith, Loma <hr/> 6 Contributor address; City; State; Zip Code Tucson, AZ 85746-7200	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Groleau, Michelle <hr/> Contributor address; City; State; Zip Code Mill Valley, CA 94941-3376	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	Amount of Contribution (\$) \$5.00
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: 67/190 Rpt: 70/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric	7 Amount of Contribution (\$) \$10.00
	6 Contributor address; City; State; Zip Code Hampton, VA 23664-2207	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Hampton, VA 23664-2207	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Hampton, VA 23664-2207	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric	Amount of Contribution (\$) \$5.00
	Contributor address; City; State; Zip Code Hampton, VA 23664-2207	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Hampton, VA 23664-2207	
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: 68/190 Rpt: 71/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code Hampton, VA 23664-2207		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Hampton, VA 23664-2207		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Hampton, VA 23664-2207		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Hampton, VA 23664-2207		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Hampton, VA 23664-2207		
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: 69/190 Rpt: 72/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> 6 Contributor address; City; State; Zip Code Hampton, VA 23664-2207	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grove, Eric <hr/> Contributor address; City; State; Zip Code Hampton, VA 23664-2207	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handel, Stanley <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74136-9003	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handel, Stanley <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74136-9003	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handel, Stanley <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74136-9003	Amount of Contribution (\$) \$50.00
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: 70/190 Rpt: 73/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handel, Stanley <hr/> 6 Contributor address; City; State; Zip Code Tulsa, OK 74136-9003	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handel, Stanley <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74136-9003	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handel, Stanley <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74136-9003	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handel, Stanley <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74136-9003	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handel, Stanley <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74136-9003	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/190 Rpt: 74/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handel, Stanley <hr/> 6 Contributor address; City; State; Zip Code Tulsa, OK 74136-9003	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handel, Stanley <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74136-9003	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handel, Stanley <hr/> Contributor address; City; State; Zip Code Tulsa, OK 74136-9003	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Laurel <hr/> Contributor address; City; State; Zip Code White Salmon, WA 98672-4101	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harper, Laurel <hr/> Contributor address; City; State; Zip Code White Salmon, WA 98672-4101	Amount of Contribution (\$) \$100.00
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: 72/190 Rpt: 75/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hart, Marjorie <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10065-7045	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Donald <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22903-4584	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Recording Artist		Employer (See Instructions) Self Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Donald <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22903-4584	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Recording Artist		Employer (See Instructions) Self Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henley, Donald <hr/> Contributor address; City; State; Zip Code Charlottesville, VA 22903-4584	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Recording Artist		Employer (See Instructions) Self Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hersh, Stuart <hr/> Contributor address; City; State; Zip Code Chicago, IL 60614-2408	Amount of Contribution (\$) \$250.00
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: 73/190 Rpt: 76/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Judith	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Corvallis, OR 97330-9560		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Judith	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Corvallis, OR 97330-9560		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hill, Judith	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Corvallis, OR 97330-9560		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillila, Martin	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Grand Haven, MI 49417-1337		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillila, Martin	Amount of Contribution (\$) \$35.00
Contributor address; City; State; Zip Code Grand Haven, MI 49417-1337		
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: 74/190 Rpt: 77/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hillila, Martin	7 Amount of Contribution (\$) \$70.00
	6 Contributor address; City; State; Zip Code Grand Haven, MI 49417-1337	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, Ann	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Silver Spring, MD 20901-4020	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, Ann	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Silver Spring, MD 20901-4020	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, Ann	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Silver Spring, MD 20901-4020	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, Ann	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Silver Spring, MD 20901-4020	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/190 Rpt: 78/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, David	7 Amount of Contribution (\$) \$100.00
	6 Contributor address; City; State; Zip Code Vero Beach, FL 32960-5213	
8 Principal occupation / Job title (See Instructions) President		9 Employer (See Instructions) David Hobbs Honda
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, David	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Vero Beach, FL 32960-5213	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) David Hobbs Honda
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, David	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Vero Beach, FL 32960-5213	
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) David Hobbs Honda
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hocevar, Susan	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Carmel, CA 93923-8912	
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#: _____) Hollingsworth, Ann	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Half Moon Bay, CA 94019-1372	
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self Employed

MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/190 Rpt: 79/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollingsworth, Ann	7 Amount of Contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code Half Moon Bay, CA 94019-1372		
8 Principal occupation / Job title (See Instructions) Designer		9 Employer (See Instructions) Self Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollingsworth, Ann	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Half Moon Bay, CA 94019-1372		
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollingsworth, Ann	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Half Moon Bay, CA 94019-1372		
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollingsworth, Ann	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Half Moon Bay, CA 94019-1372		
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollingsworth, Ann	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Half Moon Bay, CA 94019-1372		
Principal occupation / Job title (See Instructions) Designer		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: 77/190 Rpt: 80/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Henry <hr/> 6 Contributor address; City; State; Zip Code Narberth, PA 19072-2404	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Henry <hr/> Contributor address; City; State; Zip Code Narberth, PA 19072-2404	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Henry <hr/> Contributor address; City; State; Zip Code Narberth, PA 19072-2404	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Henry <hr/> Contributor address; City; State; Zip Code Narberth, PA 19072-2404	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holmes, Henry <hr/> Contributor address; City; State; Zip Code Narberth, PA 19072-2404	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/190 Rpt: 81/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holtshouser, Sherrell	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code West Hartford, CT 06110-1656		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holtshouser, Sherrell	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code West Hartford, CT 06110-1656		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holtshouser, Sherrell	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code West Hartford, CT 06110-1656		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horne, William C.	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Branford, CT 06405-5610		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoyle, Judith	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Cave Junction, OR 97523-9653		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/190 Rpt: 82/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hubelbank, Mark <hr/> 6 Contributor address; City; State; Zip Code Sudbury, MA 01776-1601	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) NorthEast Monitoring
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffman, Paul <hr/> Contributor address; City; State; Zip Code Woodbury, MN 55129-4296	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Xcel Energy
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffman, Paul <hr/> Contributor address; City; State; Zip Code Woodbury, MN 55129-4296	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Xcel Energy
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Huffman, Paul <hr/> Contributor address; City; State; Zip Code Woodbury, MN 55129-4296	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Xcel Energy
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Ann F. <hr/> Contributor address; City; State; Zip Code Columbus, OH 43221-4640	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Communication Coach		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: 80/190 Rpt: 83/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hulce, Thomas <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10036-1708	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Actor		9 Employer (See Instructions) Laluchien Productions Inc
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hulce, Thomas <hr/> Contributor address; City; State; Zip Code New York, NY 10036-1708	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Laluchien Productions Inc
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hulce, Thomas <hr/> Contributor address; City; State; Zip Code New York, NY 10036-1708	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Actor		Employer (See Instructions) Laluchien Productions Inc
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) lhara, Craig <hr/> Contributor address; City; State; Zip Code Yorba Linda, CA 92886-2437	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Illades, Jane <hr/> Contributor address; City; State; Zip Code San Diego, CA 92103-6243	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/190 Rpt: 84/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Illades, Jane <hr/> 6 Contributor address; City; State; Zip Code San Diego, CA 92103-6243	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Consultant		9 Employer (See Instructions) Self Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Illades, Jane <hr/> Contributor address; City; State; Zip Code San Diego, CA 92103-6243	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Illades, Jane <hr/> Contributor address; City; State; Zip Code San Diego, CA 92103-6243	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isobel, Christina <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94110-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Poet		Employer (See Instructions) Self Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Isobel, Christina <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94110-5106	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Poet		Employer (See Instructions) Self Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/190 Rpt: 85/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Wanda	7 Amount of Contribution (\$) \$200.00
6 Contributor address; City; State; Zip Code Coppell, TX 75019-4157		
8 Principal occupation / Job title (See Instructions) Franchisee		9 Employer (See Instructions) Self Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurestovsky, Rosann	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Golden, CO 80403-0101		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurestovsky, Rosann	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Golden, CO 80403-0101		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurestovsky, Rosann	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Golden, CO 80403-0101		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurestovsky, Rosann	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Golden, CO 80403-0101		
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: 83/190 Rpt: 86/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurestovsky, Rosann <hr/> 6 Contributor address; City; State; Zip Code Golden, CO 80403-0101	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurestovsky, Rosann <hr/> Contributor address; City; State; Zip Code Golden, CO 80403-0101	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurestovsky, Rosann <hr/> Contributor address; City; State; Zip Code Golden, CO 80403-0101	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurestovsky, Rosann <hr/> Contributor address; City; State; Zip Code Golden, CO 80403-0101	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurestovsky, Rosann <hr/> Contributor address; City; State; Zip Code Golden, CO 80403-0101	Amount of Contribution (\$) \$10.00
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: 84/190 Rpt: 87/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurestovsky, Rosann <hr/> 6 Contributor address; City; State; Zip Code Golden, CO 80403-0101	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jurestovsky, Rosann <hr/> Contributor address; City; State; Zip Code Golden, CO 80403-0101	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kahn, Michele <hr/> Contributor address; City; State; Zip Code New York, NY 10028-6490	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Kahn and Goldberg
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kahn, Michele <hr/> Contributor address; City; State; Zip Code New York, NY 10028-6490	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Kahn and Goldberg
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kamm, Linda <hr/> Contributor address; City; State; Zip Code Miami Beach, FL 33139-7362	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 85/190 Rpt: 88/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaplan, Allan <hr/> 6 Contributor address; City; State; Zip Code Vashon, WA 98070-3036	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Licensed Massage Practitioner		9 Employer (See Instructions) Self Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaplan, Carol <hr/> Contributor address; City; State; Zip Code New York, NY 10016-2556	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Loeb and Loeb LLP
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katzberg, Robert <hr/> Contributor address; City; State; Zip Code Manhattan Bch, CA 90266-3975	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Holland and Knight
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katzberg, Robert <hr/> Contributor address; City; State; Zip Code Manhattan Bch, CA 90266-3975	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Holland and Knight
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katzoff, James <hr/> Contributor address; City; State; Zip Code Hollywood, FL 33019-4629	Amount of Contribution (\$) \$75.00
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: 86/190 Rpt: 89/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Katzoff, James <hr/> 6 Contributor address; City; State; Zip Code Hollywood, FL 33019-4629	7 Amount of Contribution (\$) \$75.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Tom <hr/> Contributor address; City; State; Zip Code Portland, OR 97210-3366	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Portland State University
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Tom <hr/> Contributor address; City; State; Zip Code Portland, OR 97210-3366	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Portland State University
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keller, Tom <hr/> Contributor address; City; State; Zip Code Portland, OR 97210-3366	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Portland State University
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall, Carol <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087-2261	Amount of Contribution (\$) \$25.00
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: 87/190 Rpt: 90/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall, Carol	7 Amount of Contribution (\$) \$25.00
	6 Contributor address; City; State; Zip Code Sunnyvale, CA 94087-2261	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall, Carol	Amount of Contribution (\$) \$70.00
	Contributor address; City; State; Zip Code Sunnyvale, CA 94087-2261	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall, Carol	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Sunnyvale, CA 94087-2261	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kendall, Carol	Amount of Contribution (\$) \$10.00
	Contributor address; City; State; Zip Code Sunnyvale, CA 94087-2261	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinnaman, Sydney	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Eugene, OR 97405-3926	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/190 Rpt: 91/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/18/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinnaman, Sydney <hr/> 6 Contributor address; City; State; Zip Code Eugene, OR 97405-3926	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinnaman, Sydney <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-3926	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinnaman, Sydney <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-3926	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinnaman, Sydney <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-3926	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kinsman, Carolyn <hr/> Contributor address; City; State; Zip Code Nogales, AZ 85628-6460	Amount of Contribution (\$) \$500.00
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: 89/190 Rpt: 92/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Deborah <hr/> 6 Contributor address; City; State; Zip Code Ledyard, CT 06339-1503	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kirby, Deborah <hr/> Contributor address; City; State; Zip Code Ledyard, CT 06339-1503	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klaassen, Ron <hr/> Contributor address; City; State; Zip Code Cos Cob, CT 06807	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klaassen, Ron <hr/> Contributor address; City; State; Zip Code Cos Cob, CT 06807	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klaassen, Ron <hr/> Contributor address; City; State; Zip Code Cos Cob, CT 06807	Amount of Contribution (\$) \$10.00
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: 90/190 Rpt: 93/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klaassen, Ron	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Cos Cob, CT 06807		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klaassen, Ron	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Cos Cob, CT 06807		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klaassen, Ron	Amount of Contribution (\$) \$15.00
Contributor address; City; State; Zip Code Cos Cob, CT 06807		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klaassen, Ron	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Cos Cob, CT 06807		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klaassen, Ron	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Cos Cob, CT 06807		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/190 Rpt: 94/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleeman, Jan <hr/> 6 Contributor address; City; State; Zip Code Salisbury, CT 06068-7701	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleeman, Jan <hr/> Contributor address; City; State; Zip Code Salisbury, CT 06068-7701	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kleer, David <hr/> Contributor address; City; State; Zip Code New York, NY 10011-1463	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Firm Manager		Employer (See Instructions) Cyruli Shanks and Zizmor LLP
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krum, Thomas <hr/> Contributor address; City; State; Zip Code Fremont, CA 94539-6925	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lake, J. Spencer <hr/> Contributor address; City; State; Zip Code San Diego, CA 92109-2015	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Self Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/190 Rpt: 95/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamura, Donna	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Rochester, NY 14620-2843		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamura, Donna	Amount of Contribution (\$) \$200.00
Contributor address; City; State; Zip Code Rochester, NY 14620-2843		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lankenau, Alison	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Tivoli, NY 12583-5307		
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Parkside School
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazarus, William	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code Oakland, CA 94612-2335		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazarus, William	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Oakland, CA 94612-2335		
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/190 Rpt: 96/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazarus, William <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94612-2335	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Self-Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazarus, William <hr/> Contributor address; City; State; Zip Code Oakland, CA 94612-2335	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leahy, Michael <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) American International Group
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leahy, Michael <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) American International Group
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leahy, Michael <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) American International Group

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/190 Rpt: 97/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leege, Brad <hr/> 6 Contributor address; City; State; Zip Code Madison, WI 53711-1653	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Software Engineer		9 Employer (See Instructions) Simple Finance
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leege, Brad <hr/> Contributor address; City; State; Zip Code Madison, WI 53711-1653	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Simple Finance
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Arthur <hr/> Contributor address; City; State; Zip Code Potomac, MD 20854-3104	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Karen <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Records Manager		Employer (See Instructions) The Elfran LP
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Levine, Karen <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11201-3359	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Records Manager		Employer (See Instructions) The Elfran LP

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/190 Rpt: 98/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Mimi <hr/> 6 Contributor address; City; State; Zip Code Nicasio, CA 94946-9703	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Mimi <hr/> Contributor address; City; State; Zip Code Nicasio, CA 94946-9703	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Mimi <hr/> Contributor address; City; State; Zip Code Nicasio, CA 94946-9703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Mimi <hr/> Contributor address; City; State; Zip Code Nicasio, CA 94946-9703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loffink, John <hr/> Contributor address; City; State; Zip Code Wake Forest, NC 27587-6597	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Qualcomm

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 96/190 Rpt: 99/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loffink, John <hr/> 6 Contributor address; City; State; Zip Code Wake Forest, NC 27587-6597	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) Qualcomm
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loffink, John <hr/> Contributor address; City; State; Zip Code Wake Forest, NC 27587-6597	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Qualcomm
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Loffink, John <hr/> Contributor address; City; State; Zip Code Wake Forest, NC 27587-6597	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Qualcomm
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) London, Joanna <hr/> Contributor address; City; State; Zip Code Washington, DC 20016-5534	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynt, Richard <hr/> Contributor address; City; State; Zip Code Gainesville, GA 30504-5570	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/190 Rpt: 100/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynt, Richard <hr/> 6 Contributor address; City; State; Zip Code Gainesville, GA 30504-5570	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynt, Richard <hr/> Contributor address; City; State; Zip Code Gainesville, GA 30504-5570	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynt, Richard <hr/> Contributor address; City; State; Zip Code Gainesville, GA 30504-5570	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynt, Richard <hr/> Contributor address; City; State; Zip Code Gainesville, GA 30504-5570	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lynt, Richard <hr/> Contributor address; City; State; Zip Code Gainesville, GA 30504-5570	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/190 Rpt: 101/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyon, Linda	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Redmond, WA 98052-5403		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maben, Aroon	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Scottsdale, AZ 85255-4496		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maben, Aroon	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Scottsdale, AZ 85255-4496		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maben, Aroon	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Scottsdale, AZ 85255-4496		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maben, Aroon	Amount of Contribution (\$) \$75.00
Contributor address; City; State; Zip Code Scottsdale, AZ 85255-4496		
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: 99/190 Rpt: 102/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maben, Aroon <hr/> 6 Contributor address; City; State; Zip Code Scottsdale, AZ 85255-4496	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mahoney, Barbara <hr/> Contributor address; City; State; Zip Code Seattle, WA 98136-2604	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Hagens Berman Sobol Shapiro
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Main, Edward <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-2516	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Main, Edward <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-2516	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Main, Edward <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-2516	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/190 Rpt: 103/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Main, Edward <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77098-2516	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Main, Edward <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-2516	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Main, Edward <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-2516	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Main, Edward <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-2516	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Main, Edward <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-2516	Amount of Contribution (\$) \$10.00
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: 101/190 Rpt: 104/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Main, Edward <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77098-2516	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Main, Edward <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-2516	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Main, Edward <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-2516	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Main, Edward <hr/> Contributor address; City; State; Zip Code Houston, TX 77098-2516	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Jackie <hr/> Contributor address; City; State; Zip Code Mount Kisco, NY 10549-4524	Amount of Contribution (\$) \$100.00
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: 102/190 Rpt: 105/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Jackie <hr/> 6 Contributor address; City; State; Zip Code Mount Kisco, NY 10549-4524	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mann, Jackie <hr/> Contributor address; City; State; Zip Code Mount Kisco, NY 10549-4524	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markovic, Robert <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90068-2454	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Markovic, Robert <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90068-2454	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Psychotherapist		Employer (See Instructions) Self Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, Pauline <hr/> Contributor address; City; State; Zip Code Marina Del Rey, CA 90292-5800	Amount of Contribution (\$) \$25.00
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: 103/190 Rpt: 106/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, Pauline	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code Marina Del Rey, CA 90292-5800		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, Pauline	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Marina Del Rey, CA 90292-5800		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, Pauline	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Marina Del Rey, CA 90292-5800		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, Pauline	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Marina Del Rey, CA 90292-5800		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, Pauline	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Marina Del Rey, CA 90292-5800		
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: 104/190 Rpt: 107/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, Pauline <hr/> 6 Contributor address; City; State; Zip Code Marina Del Rey, CA 90292-5800	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, Pauline <hr/> Contributor address; City; State; Zip Code Marina Del Rey, CA 90292-5800	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, Pauline <hr/> Contributor address; City; State; Zip Code Marina Del Rey, CA 90292-5800	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, Pauline <hr/> Contributor address; City; State; Zip Code Marina Del Rey, CA 90292-5800	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marks, Pauline <hr/> Contributor address; City; State; Zip Code Marina Del Rey, CA 90292-5800	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/190 Rpt: 108/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Andrew <hr/> 6 Contributor address; City; State; Zip Code Denver, CO 80231-5739	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) U.S. Government
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Andrew <hr/> Contributor address; City; State; Zip Code Denver, CO 80231-5739	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Government
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Andrew <hr/> Contributor address; City; State; Zip Code Denver, CO 80231-5739	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Government
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Catherine <hr/> Contributor address; City; State; Zip Code Duvall, WA 98019-8331	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Patricia <hr/> Contributor address; City; State; Zip Code Clayton, GA 30525-8001	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/190 Rpt: 109/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Patricia <hr/> 6 Contributor address; City; State; Zip Code Clayton, GA 30525-8001	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCalley, Susan <hr/> Contributor address; City; State; Zip Code Brookline, MA 02445-5328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCalley, Susan <hr/> Contributor address; City; State; Zip Code Brookline, MA 02445-5328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCalley, Susan <hr/> Contributor address; City; State; Zip Code Brookline, MA 02445-5328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, Maura <hr/> Contributor address; City; State; Zip Code Wayland, MA 01778-1303	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Vice President of Corporate Development		Employer (See Instructions) Skyhawk Therapeutics

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 107/190 Rpt: 110/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, William <hr/> 6 Contributor address; City; State; Zip Code Key West, FL 33040-5033	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, William <hr/> Contributor address; City; State; Zip Code Key West, FL 33040-5033	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCarthy, William <hr/> Contributor address; City; State; Zip Code Key West, FL 33040-5033	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKenna, Christine S. <hr/> Contributor address; City; State; Zip Code Rancho Mirage, CA 92270-5674	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McKenna, Christine S. <hr/> Contributor address; City; State; Zip Code Rancho Mirage, CA 92270-5674	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/190 Rpt: 111/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McVicker, Robert <hr/> 6 Contributor address; City; State; Zip Code Columbus, OH 43235-2210	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McVicker, Robert <hr/> Contributor address; City; State; Zip Code Columbus, OH 43235-2210	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menaker, Thomas <hr/> Contributor address; City; State; Zip Code New City, NY 10956-5702	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Psychology		Employer (See Instructions) Self Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menaker, Thomas <hr/> Contributor address; City; State; Zip Code New City, NY 10956-5702	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Psychology		Employer (See Instructions) Self Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menaker, Thomas <hr/> Contributor address; City; State; Zip Code New City, NY 10956-5702	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Psychology		Employer (See Instructions) Self Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/190 Rpt: 112/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menaker, Thomas <hr/> 6 Contributor address; City; State; Zip Code New City, NY 10956-5702	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Psychology		9 Employer (See Instructions) Self Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menaker, Thomas <hr/> Contributor address; City; State; Zip Code New City, NY 10956-5702	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Psychology		Employer (See Instructions) Self Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menaker, Thomas <hr/> Contributor address; City; State; Zip Code New City, NY 10956-5702	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Psychology		Employer (See Instructions) Self Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mengarelli, Francesca <hr/> Contributor address; City; State; Zip Code Washington, DC 20016-3171	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meresman, Joseph <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705-2613	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/190 Rpt: 113/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merryman, Betsy <hr/> 6 Contributor address; City; State; Zip Code Redondo Beach, CA 90277-6401	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Healthcare Communications		9 Employer (See Instructions) Self Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merryman, Betsy <hr/> Contributor address; City; State; Zip Code Redondo Beach, CA 90277-6401	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Healthcare Communications		Employer (See Instructions) Self Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merryman, Betsy <hr/> Contributor address; City; State; Zip Code Redondo Beach, CA 90277-6401	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Healthcare Communications		Employer (See Instructions) Self Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merryman, Betsy <hr/> Contributor address; City; State; Zip Code Redondo Beach, CA 90277-6401	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Healthcare Communications		Employer (See Instructions) Self Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Merryman, Betsy <hr/> Contributor address; City; State; Zip Code Redondo Beach, CA 90277-6401	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Healthcare Communications		Employer (See Instructions) Self Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 111/190 Rpt: 114/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Rosemarie <hr/> 6 Contributor address; City; State; Zip Code Mount Prospect, IL 60056-3530	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Rosemarie <hr/> Contributor address; City; State; Zip Code Mount Prospect, IL 60056-3530	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Rosemarie <hr/> Contributor address; City; State; Zip Code Mount Prospect, IL 60056-3530	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Rosemarie <hr/> Contributor address; City; State; Zip Code Mount Prospect, IL 60056-3530	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, John <hr/> Contributor address; City; State; Zip Code Rockville, MD 20850-6183	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 112/190 Rpt: 115/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Michael, John <hr/> 6 Contributor address; City; State; Zip Code Rockville, MD 20850-6183	7 Amount of Contribution (\$) \$188.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Harry <hr/> Contributor address; City; State; Zip Code Interlaken, NY 14847-0045	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Harry <hr/> Contributor address; City; State; Zip Code Interlaken, NY 14847-0045	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, William <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-2707	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Economist		Employer (See Instructions) LBNL
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, William <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707-2707	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Economist		Employer (See Instructions) LBNL

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/190 Rpt: 116/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, William <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94707-2707	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Economist		9 Employer (See Instructions) LBNL
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minkler, Douglas <hr/> Contributor address; City; State; Zip Code Mill Valley, CA 94941-3524	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Self Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minkler, Douglas <hr/> Contributor address; City; State; Zip Code Mill Valley, CA 94941-3524	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) Self Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitter, Kim <hr/> Contributor address; City; State; Zip Code Davis, CA 95616-3088	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitter, Kim <hr/> Contributor address; City; State; Zip Code Davis, CA 95616-3088	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mitter, Kim <hr/> 6 Contributor address; City; State; Zip Code Davis, CA 95616-3088	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohrman, William <hr/> Contributor address; City; State; Zip Code Lone Tree, CO 80124-3111	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohrman, William <hr/> Contributor address; City; State; Zip Code Lone Tree, CO 80124-3111	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mohrman, William <hr/> Contributor address; City; State; Zip Code Lone Tree, CO 80124-3111	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 115/190 Rpt: 118/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Monder, Steven <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45215-4105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/190 Rpt: 119/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montague, Steve	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Woodinville, WA 98072-6223		
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) EvergreenHealth
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montague, Steve	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Woodinville, WA 98072-6223		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) EvergreenHealth
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Todd J.	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Seattle, WA 98144-6934		
Principal occupation / Job title (See Instructions) Actor and Teacher		Employer (See Instructions) Self Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Todd J.	Amount of Contribution (\$) \$20.00
Contributor address; City; State; Zip Code Seattle, WA 98144-6934		
Principal occupation / Job title (See Instructions) Actor and Teacher		Employer (See Instructions) Self Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Todd J.	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Seattle, WA 98144-6934		
Principal occupation / Job title (See Instructions) Actor and 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: 117/190 Rpt: 120/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Todd J.	7 Amount of Contribution (\$) \$20.00
	6 Contributor address; City; State; Zip Code Seattle, WA 98144-6934	
8 Principal occupation / Job title (See Instructions) Actor and Teacher		9 Employer (See Instructions) Self Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Todd J.	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Seattle, WA 98144-6934	
Principal occupation / Job title (See Instructions) Actor and Teacher		Employer (See Instructions) Self Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moore, Todd J.	Amount of Contribution (\$) \$20.00
	Contributor address; City; State; Zip Code Seattle, WA 98144-6934	
Principal occupation / Job title (See Instructions) Actor and Teacher		Employer (See Instructions) Self Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Richard	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Greenbrae, CA 94904-1934	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrison, Richard	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Greenbrae, CA 94904-1934	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 118/190 Rpt: 121/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mountain, Pauline <hr/> 6 Contributor address; City; State; Zip Code Huntsville, AL 35801-6201	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Writer		9 Employer (See Instructions) Self Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mountain, Pauline <hr/> Contributor address; City; State; Zip Code Huntsville, AL 35801-6201	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mountain, Pauline <hr/> Contributor address; City; State; Zip Code Huntsville, AL 35801-6201	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Movaghar, Zahra <hr/> Contributor address; City; State; Zip Code Glendale, CA 91202-2950	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Administration		Employer (See Instructions) Insperity
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Joan <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-6065	Amount of Contribution (\$) \$50.00
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: 119/190 Rpt: 122/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Joan <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78731-6065	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mueller, Joan <hr/> Contributor address; City; State; Zip Code Austin, TX 78731-6065	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Myra <hr/> Contributor address; City; State; Zip Code Juneau, AK 99801-1334	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sonosky Chambers Law Firm LLP
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Munson, Myra <hr/> Contributor address; City; State; Zip Code Juneau, AK 99801-1334	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Sonosky Chambers Law Firm LLP
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nagle, Jack <hr/> Contributor address; City; State; Zip Code Oakland, CA 94611-3161	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/190 Rpt: 123/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nagle, Jack <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94611-3161	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nagle, Jack <hr/> Contributor address; City; State; Zip Code Oakland, CA 94611-3161	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nagle, Jack <hr/> Contributor address; City; State; Zip Code Oakland, CA 94611-3161	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nagle, Jack <hr/> Contributor address; City; State; Zip Code Oakland, CA 94611-3161	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Narcisse, Robbie <hr/> Contributor address; City; State; Zip Code New York, NY 10023-5720	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 121/190 Rpt: 124/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance	7 Amount of Contribution (\$) \$25.00
6 Contributor address; City; State; Zip Code New York, NY 10044-0160		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New York, NY 10044-0160		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New York, NY 10044-0160		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New York, NY 10044-0160		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nathanson, Constance	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code New York, NY 10044-0160		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 122/190 Rpt: 125/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelsen, Judith <hr/> 6 Contributor address; City; State; Zip Code Fort Wayne, IN 46804-7008	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelsen, Judith <hr/> Contributor address; City; State; Zip Code Fort Wayne, IN 46804-7008	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nelsen, Roxanne <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94024-4852	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Certified Public Accountant		Employer (See Instructions) Self Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumann, Peter <hr/> Contributor address; City; State; Zip Code Reno, NV 89501-1712	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumeister, Irene R. <hr/> Contributor address; City; State; Zip Code Salinas, CA 93907-9114	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 123/190 Rpt: 126/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumeister, Irene R. <hr/> 6 Contributor address; City; State; Zip Code Salinas, CA 93907-9114	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumeister, Irene R. <hr/> Contributor address; City; State; Zip Code Salinas, CA 93907-9114	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumeister, Irene R. <hr/> Contributor address; City; State; Zip Code Salinas, CA 93907-9114	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Neumeister, Irene R. <hr/> Contributor address; City; State; Zip Code Salinas, CA 93907-9114	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niels, John <hr/> Contributor address; City; State; Zip Code McLean, VA 22101-1834	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/190 Rpt: 127/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niemann, Edward <hr/> 6 Contributor address; City; State; Zip Code Harrisburg, PA 17112-2102	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niemann, Edward <hr/> Contributor address; City; State; Zip Code Harrisburg, PA 17112-2102	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Niemann, Edward <hr/> Contributor address; City; State; Zip Code Harrisburg, PA 17112-2102	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nilsson, Lena <hr/> Contributor address; City; State; Zip Code Goodrich, MI 48438-9719	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Lena Nilsson and Co LLC
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nilsson, Lena <hr/> Contributor address; City; State; Zip Code Goodrich, MI 48438-9719	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Lena Nilsson and Co LLC

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 125/190 Rpt: 128/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nilsson, Lena <hr/> 6 Contributor address; City; State; Zip Code Goodrich, MI 48438-9719	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Programmer		9 Employer (See Instructions) Lena Nilsson and Co LLC
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nilsson, Lena <hr/> Contributor address; City; State; Zip Code Goodrich, MI 48438-9719	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Lena Nilsson and Co LLC
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nilsson, Lena <hr/> Contributor address; City; State; Zip Code Goodrich, MI 48438-9719	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Lena Nilsson and Co LLC
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nilsson, Lena <hr/> Contributor address; City; State; Zip Code Goodrich, MI 48438-9719	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Lena Nilsson and Co LLC
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nilsson, Lena <hr/> Contributor address; City; State; Zip Code Goodrich, MI 48438-9719	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Lena Nilsson and Co LLC

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 126/190 Rpt: 129/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nilsson, Lena <hr/> 6 Contributor address; City; State; Zip Code Goodrich, MI 48438-9719	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Programmer		9 Employer (See Instructions) Lena Nilsson and Co LLC
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nwachukwu, Anthony <hr/> Contributor address; City; State; Zip Code Canton, CT 06019-2516	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Atlantic Gums Corporation
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nye, Nancy <hr/> Contributor address; City; State; Zip Code Durham, NC 27701-1311	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ohara, Sandra <hr/> Contributor address; City; State; Zip Code Bryn Mawr, PA 19010-3409	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ohara, Sandra <hr/> Contributor address; City; State; Zip Code Bryn Mawr, PA 19010-3409	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 127/190 Rpt: 130/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ormasa, Jan <hr/> 6 Contributor address; City; State; Zip Code Saint Paul, MN 55116-1336	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, Charles M. <hr/> Contributor address; City; State; Zip Code Sarasota, FL 34234-5723	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parrish, Charles M. <hr/> Contributor address; City; State; Zip Code Sarasota, FL 34234-5723	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parter, David <hr/> Contributor address; City; State; Zip Code Madison, WI 53715-1648	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Computer Scientist		Employer (See Instructions) Univ of WI CS Dept
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parter, David <hr/> Contributor address; City; State; Zip Code Madison, WI 53715-1648	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Computer Scientist		Employer (See Instructions) Univ of WI CS Dept

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 128/190 Rpt: 131/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Scott	7 Amount of Contribution (\$) \$1,000.00
6 Contributor address; City; State; Zip Code Berwyn, PA 19312-1006		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Saul Ewing LLP
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pearson, John	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Pittsburgh, PA 15217-1527		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pestoff, Victor	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Henderson, NV 89014-4045		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pestoff, Victor	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Henderson, NV 89014-4045		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pestoff, Victor	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Henderson, NV 89014-4045		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 129/190 Rpt: 132/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pierce, Stella M.	7 Amount of Contribution (\$) \$200.00
	6 Contributor address; City; State; Zip Code Beverly, MA 01915-1519	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pinker, Steven	Amount of Contribution (\$) \$250.00
	Contributor address; City; State; Zip Code Boston, MA 02111-2831	
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Harvard University
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Polikoff, Alexander	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Keene, NH 03431-4241	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Poteet, Michael	Amount of Contribution (\$) \$200.00
	Contributor address; City; State; Zip Code Fort Worth, TX 76120-5204	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Madison, WI 53705-2622	
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: 130/190 Rpt: 133/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny <hr/> 6 Contributor address; City; State; Zip Code Madison, WI 53705-2622	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny <hr/> Contributor address; City; State; Zip Code Madison, WI 53705-2622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny <hr/> Contributor address; City; State; Zip Code Madison, WI 53705-2622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Proud, Danny <hr/> Contributor address; City; State; Zip Code Madison, WI 53705-2622	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Prucker, Michael <hr/> Contributor address; City; State; Zip Code Washington, DC 20008-5600	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Chief Operating Officer		Employer (See Instructions) NCPSSM

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 131/190 Rpt: 134/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rakestraw, Pamela <hr/> 6 Contributor address; City; State; Zip Code Fort Lauderdale, FL 33316	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) CEO		9 Employer (See Instructions) SCR Medical Transportation
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rennie, Martha <hr/> Contributor address; City; State; Zip Code Cromwell, CT 06416-1558	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richmond, Diane <hr/> Contributor address; City; State; Zip Code Chicago, IL 60626-4519	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richmond, Diane <hr/> Contributor address; City; State; Zip Code Chicago, IL 60626-4519	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ritchie, John <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20817-6127	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) NAHB

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 132/190 Rpt: 135/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ritchie, John <hr/> 6 Contributor address; City; State; Zip Code Bethesda, MD 20817-6127	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) NAHB
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Ken <hr/> Contributor address; City; State; Zip Code Menlo Park, CA 94025-6337	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Bethany Seminary
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Ken <hr/> Contributor address; City; State; Zip Code Menlo Park, CA 94025-6337	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Bethany Seminary
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Ken <hr/> Contributor address; City; State; Zip Code Menlo Park, CA 94025-6337	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Bethany Seminary
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Nancy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232-1301	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 133/190 Rpt: 136/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Nancy <hr/> 6 Contributor address; City; State; Zip Code San Antonio, TX 78232-1301	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogers, Nancy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78232-1301	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roper, Valerie <hr/> Contributor address; City; State; Zip Code Lawrence, KS 66049-4776	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roper, Valerie <hr/> Contributor address; City; State; Zip Code Lawrence, KS 66049-4776	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Roper, Valerie <hr/> Contributor address; City; State; Zip Code Lawrence, KS 66049-4776	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 134/190 Rpt: 137/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenbaum, Alan <hr/> 6 Contributor address; City; State; Zip Code Chapel Hill, NC 27517-9120	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) University of North Carolina
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenbaum, Alan <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27517-9120	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of North Carolina
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenbaum, Alan <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27517-9120	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of North Carolina
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenfield Podolsky, Lisa <hr/> Contributor address; City; State; Zip Code Valley Glen, CA 91401-4314	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, Daniel <hr/> Contributor address; City; State; Zip Code Lexington, KY 40507	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rowland, Daniel <hr/> 6 Contributor address; City; State; Zip Code Lexington, KY 40507	7 Amount of Contribution (\$) \$200.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubenzahl, Joel <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705-2716	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Economist		Employer (See Instructions) Community Economics Inc.
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubinstein, Michael <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94131-1395	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Self Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubinstein, Michael <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94131-1395	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Self Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ruescher, Mary Lou <hr/> Contributor address; City; State; Zip Code Malverne, NY 11565-1220	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryerson, Judith <hr/> 6 Contributor address; City; State; Zip Code Moultonborough, NH 03254-0205	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ryerson, Judith <hr/> Contributor address; City; State; Zip Code Moultonborough, NH 03254-0205	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salter, Ruth <hr/> Contributor address; City; State; Zip Code Golden, CO 80403	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salter, Ruth <hr/> Contributor address; City; State; Zip Code Golden, CO 80403	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salter, Ruth <hr/> Contributor address; City; State; Zip Code Golden, CO 80403	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 137/190 Rpt: 140/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salter, Ruth <hr/> 6 Contributor address; City; State; Zip Code Golden, CO 80403	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salter, Ruth <hr/> Contributor address; City; State; Zip Code Golden, CO 80403	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salter, Ruth <hr/> Contributor address; City; State; Zip Code Golden, CO 80403	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salter, Ruth <hr/> Contributor address; City; State; Zip Code Golden, CO 80403	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salter, Ruth <hr/> Contributor address; City; State; Zip Code Golden, CO 80403	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 138/190 Rpt: 141/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salter, Ruth <hr/> 6 Contributor address; City; State; Zip Code Golden, CO 80403	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salter, Ruth <hr/> Contributor address; City; State; Zip Code Golden, CO 80403	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salter, Ruth <hr/> Contributor address; City; State; Zip Code Golden, CO 80403	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salter, Ruth <hr/> Contributor address; City; State; Zip Code Golden, CO 80403	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Link <hr/> Contributor address; City; State; Zip Code San Jose, CA 95126-2020	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 139/190 Rpt: 142/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Link	7 Amount of Contribution (\$) \$5.00
6 Contributor address; City; State; Zip Code San Jose, CA 95126-2020		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Link	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Jose, CA 95126-2020		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Link	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code San Jose, CA 95126-2020		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Link	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code San Jose, CA 95126-2020		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Link	Amount of Contribution (\$) \$5.00
Contributor address; City; State; Zip Code San Jose, CA 95126-2020		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 140/190 Rpt: 143/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Link	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code San Jose, CA 95126-2020		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Link	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Jose, CA 95126-2020		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanders, Link	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code San Jose, CA 95126-2020		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sanna, Russell	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Concord, MA 01742-2219		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saroukhanians, Suzi	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Seattle, WA 98144-3108		
Principal occupation / Job title (See Instructions) Manager		Employer (See Instructions) Gilead Sciences

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saroukhanians, Suzi	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Seattle, WA 98144-3108		
8 Principal occupation / Job title (See Instructions) Manager		9 Employer (See Instructions) Gilead Sciences
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Savage, John E.	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Providence, RI 02906-4519		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Brown University
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Savage, John E.	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Providence, RI 02906-4519		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Brown University
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaafsma, Donald	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Altadena, CA 91001-4866		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaafsma, Donald	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Altadena, CA 91001-4866		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 142/190 Rpt: 145/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaafsma, Donald <hr/> 6 Contributor address; City; State; Zip Code Altadena, CA 91001-4866	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaafsma, Donald <hr/> Contributor address; City; State; Zip Code Altadena, CA 91001-4866	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schaafsma, Donald <hr/> Contributor address; City; State; Zip Code Altadena, CA 91001-4866	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/15/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiewe Rancourt, Darlene M. <hr/> Contributor address; City; State; Zip Code Lake Placid, FL 33852-8975	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Schieran Inc.
Date 12/27/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiewe Rancourt, Darlene M. <hr/> Contributor address; City; State; Zip Code Lake Placid, FL 33852-8975	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) President		Employer (See Instructions) Schieran Inc.

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlorff, Helena	7 Amount of Contribution (\$) \$15.00
6 Contributor address; City; State; Zip Code Ann Arbor, MI 48103-4905		
8 Principal occupation / Job title (See Instructions) Staff		9 Employer (See Instructions) University of Michigan
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlorff, Helena	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Ann Arbor, MI 48103-4905		
Principal occupation / Job title (See Instructions) Staff		Employer (See Instructions) University of Michigan
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schlorff, Helena	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Ann Arbor, MI 48103-4905		
Principal occupation / Job title (See Instructions) Staff		Employer (See Instructions) University of Michigan
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmutz, Eric	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Wilmington, DE 19802-1239		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Drexel University
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmutz, Eric	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Wilmington, DE 19802-1239		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Drexel University

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 144/190 Rpt: 147/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schmutz, Eric <hr/> 6 Contributor address; City; State; Zip Code Wilmington, DE 19802-1239	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Drexel University
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Joseph <hr/> Contributor address; City; State; Zip Code Des Moines, IA 50312-3521	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Drake University
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Joseph <hr/> Contributor address; City; State; Zip Code Des Moines, IA 50312-3521	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Drake University
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schorr, Lisbeth <hr/> Contributor address; City; State; Zip Code Washington, DC 20015-1414	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuett, Connie <hr/> Contributor address; City; State; Zip Code Spanish Springs, NV 89441-6258	Amount of Contribution (\$) \$30.00
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: 145/190 Rpt: 148/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuett, Connie <hr/> 6 Contributor address; City; State; Zip Code Spanish Springs, NV 89441-6258	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuett, Connie <hr/> Contributor address; City; State; Zip Code Spanish Springs, NV 89441-6258	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuett, Connie <hr/> Contributor address; City; State; Zip Code Spanish Springs, NV 89441-6258	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schuett, Connie <hr/> Contributor address; City; State; Zip Code Spanish Springs, NV 89441-6258	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwarze, William <hr/> Contributor address; City; State; Zip Code Wayne, PA 19087-5326	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 146/190 Rpt: 149/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schwegler, Thomas L.	7 Amount of Contribution (\$) \$350.00
	6 Contributor address; City; State; Zip Code Kansas City, MO 64152-1744	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scussel, Adreana	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Stafford Springs, CT 06076-1113	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scussel, Adreana	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Stafford Springs, CT 06076-1113	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seymour, Lee	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Mclean, VA 22101-4906	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seymour, Lee	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Mclean, VA 22101-4906	
Principal occupation / Job title (See Instructions) Business Owner		Employer (See Instructions) Self Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 147/190 Rpt: 150/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Siebert, Donald R.	7 Amount of Contribution (\$) \$162.00
	6 Contributor address; City; State; Zip Code Morristown, NJ 07960-5059	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silver, Philip	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Greensboro, NC 27410-5226	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silver, Philip	Amount of Contribution (\$) \$25.00
	Contributor address; City; State; Zip Code Greensboro, NC 27410-5226	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Silver, Philip	Amount of Contribution (\$) \$125.00
	Contributor address; City; State; Zip Code Greensboro, NC 27410-5226	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sims, Beverly	Amount of Contribution (\$) \$50.00
	Contributor address; City; State; Zip Code Bronx, NY 10471-1507	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 148/190 Rpt: 151/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sims, Beverly <hr/> 6 Contributor address; City; State; Zip Code Bronx, NY 10471-1507	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sims, Beverly <hr/> Contributor address; City; State; Zip Code Bronx, NY 10471-1507	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singer, Richard J. <hr/> Contributor address; City; State; Zip Code Narberth, PA 19072-1159	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Singer, Richard J. <hr/> Contributor address; City; State; Zip Code Narberth, PA 19072-1159	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slayden, Mack <hr/> Contributor address; City; State; Zip Code Savannah, GA 31419-9889	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 149/190 Rpt: 152/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slayden, Mack <hr/> 6 Contributor address; City; State; Zip Code Savannah, GA 31419-9889	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slayden, Mack <hr/> Contributor address; City; State; Zip Code Savannah, GA 31419-9889	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slayden, Mack <hr/> Contributor address; City; State; Zip Code Savannah, GA 31419-9889	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slayden, Mack <hr/> Contributor address; City; State; Zip Code Savannah, GA 31419-9889	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slayden, Mack <hr/> Contributor address; City; State; Zip Code Savannah, GA 31419-9889	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 150/190 Rpt: 153/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slayden, Mack <hr/> 6 Contributor address; City; State; Zip Code Savannah, GA 31419-9889	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Slayden, Mack <hr/> Contributor address; City; State; Zip Code Savannah, GA 31419-9889	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Small, R. <hr/> Contributor address; City; State; Zip Code New York, NY 10024-3715	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Cherida <hr/> Contributor address; City; State; Zip Code Lafayette, CA 94549-5356	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Christopher <hr/> Contributor address; City; State; Zip Code Washington, DC 20015-2944	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Self Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 151/190 Rpt: 154/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Christopher <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20015-2944	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Property Manager		9 Employer (See Instructions) Self Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Christopher <hr/> Contributor address; City; State; Zip Code Washington, DC 20015-2944	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Property Manager		Employer (See Instructions) Self Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Elaine <hr/> Contributor address; City; State; Zip Code Yakima, WA 98902-4146	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Elaine <hr/> Contributor address; City; State; Zip Code Yakima, WA 98902-4146	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Jeffrey <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90402-2216	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 152/190 Rpt: 155/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Lloyd	7 Amount of Contribution (\$) \$30.00
6 Contributor address; City; State; Zip Code Atkinson, IL 61235-9719		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Lloyd	Amount of Contribution (\$) \$30.00
Contributor address; City; State; Zip Code Atkinson, IL 61235-9719		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Lloyd	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Atkinson, IL 61235-9719		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Snider, William	Amount of Contribution (\$) \$500.00
Contributor address; City; State; Zip Code Sarasota, FL 34232		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southern, Jason	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Falls Church, VA 22043-3516		
Principal occupation / Job title (See Instructions) Chief Technology Officer		Employer (See Instructions) National Geographic Society

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 153/190 Rpt: 156/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southern, Jason <hr/> 6 Contributor address; City; State; Zip Code Falls Church, VA 22043-3516	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Chief Technology Officer		9 Employer (See Instructions) National Geographic Society
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Southern, Jason <hr/> Contributor address; City; State; Zip Code Falls Church, VA 22043-3516	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Chief Technology Officer		Employer (See Instructions) National Geographic Society
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spence, Patricia <hr/> Contributor address; City; State; Zip Code Windcrest, TX 78239-1854	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) LPN		Employer (See Instructions) San Antonio Military Medical Center
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurr, Charles <hr/> Contributor address; City; State; Zip Code Wakefield, MA 01880-3105	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurr, Charles <hr/> Contributor address; City; State; Zip Code Wakefield, MA 01880-3105	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 154/190 Rpt: 157/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurr, Charles <hr/> 6 Contributor address; City; State; Zip Code Wakefield, MA 01880-3105	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurr, Charles <hr/> Contributor address; City; State; Zip Code Wakefield, MA 01880-3105	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurr, Charles <hr/> Contributor address; City; State; Zip Code Wakefield, MA 01880-3105	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurr, Charles <hr/> Contributor address; City; State; Zip Code Wakefield, MA 01880-3105	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurr, Charles <hr/> Contributor address; City; State; Zip Code Wakefield, MA 01880-3105	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 155/190 Rpt: 158/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spurr, Charles <hr/> 6 Contributor address; City; State; Zip Code Wakefield, MA 01880-3105	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starker, B. Bond <hr/> Contributor address; City; State; Zip Code Corvallis, OR 97339-0809	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Forester and Executive		Employer (See Instructions) Starker Forests Inc.
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Starker, B. Bond <hr/> Contributor address; City; State; Zip Code Corvallis, OR 97339-0809	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Forester and Executive		Employer (See Instructions) Starker Forests Inc.
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stedinger, Robin <hr/> Contributor address; City; State; Zip Code Ithaca, NY 14850-1704	Amount of Contribution (\$) \$63.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stedinger, Robin <hr/> Contributor address; City; State; Zip Code Ithaca, NY 14850-1704	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 156/190 Rpt: 159/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stedinger, Robin	7 Amount of Contribution (\$) \$100.00
6 Contributor address; City; State; Zip Code Ithaca, NY 14850-1704		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stedinger, Robin	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Ithaca, NY 14850-1704		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stedinger, Robin	Amount of Contribution (\$) \$63.00
Contributor address; City; State; Zip Code Ithaca, NY 14850-1704		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stedinger, Robin	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Ithaca, NY 14850-1704		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stedinger, Robin	Amount of Contribution (\$) \$150.00
Contributor address; City; State; Zip Code Ithaca, NY 14850-1704		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 157/190 Rpt: 160/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stedinger, Robin	7 Amount of Contribution (\$) \$63.00
6 Contributor address; City; State; Zip Code Ithaca, NY 14850-1704		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stedinger, Robin	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Ithaca, NY 14850-1704		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stein, Robert	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Stamford, CT 06906-1011		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stein, Robert	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Stamford, CT 06906-1011		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steiner, Louise	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Cincinnati, OH 45220-1419		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 158/190 Rpt: 161/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steiner, Louise <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45220-1419	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephens, Lora <hr/> Contributor address; City; State; Zip Code Evansville, IN 47714-2030	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Managing Director		Employer (See Instructions) Transform Consulting Group
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stern, Robert <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90402-3102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stern, Robert <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90402-3102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven, Victoria <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02138-1363	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Sasaki Associates

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 159/190 Rpt: 162/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven, Victoria	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Cambridge, MA 02138-1363		
8 Principal occupation / Job title (See Instructions) Architect		9 Employer (See Instructions) Sasaki Associates
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Steven, Victoria	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Cambridge, MA 02138-1363		
Principal occupation / Job title (See Instructions) Architect		Employer (See Instructions) Sasaki Associates
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Cora	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Sebastopol, CA 95472-5328		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Cora	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Sebastopol, CA 95472-5328		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Bethesda, MD 20814-4732		
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Department of Defense

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 160/190 Rpt: 163/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances <hr/> 6 Contributor address; City; State; Zip Code Bethesda, MD 20814-4732	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) U.S. Department of Defense
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20814-4732	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Department of Defense
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Frances <hr/> Contributor address; City; State; Zip Code Bethesda, MD 20814-4732	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) U.S. Department of Defense
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Jane A. <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106-2817	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Jane A. <hr/> Contributor address; City; State; Zip Code Amarillo, TX 79106-2817	Amount of Contribution (\$) \$75.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 161/190 Rpt: 164/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stewart, Jane A.	7 Amount of Contribution (\$)
	6 Contributor address; City; State; Zip Code Amarillo, TX 79106-2817	
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stoneman, Dorothy	Amount of Contribution (\$) \$150.00
	Contributor address; City; State; Zip Code Belmont, MA 02478-1132	
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Opportunity Youth United
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stormsgaard, Richardt	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Nevada City, CA 95959-9514	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stormsgaard, Richardt	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Nevada City, CA 95959-9514	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stott, Frank	Amount of Contribution (\$) \$100.00
	Contributor address; City; State; Zip Code Claremont, CA 91711-2334	
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stott, Frank <hr/> 6 Contributor address; City; State; Zip Code Claremont, CA 91711-2334	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stucky, Galen <hr/> Contributor address; City; State; Zip Code Goleta, CA 93117-4349	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of California
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stucky, Galen <hr/> Contributor address; City; State; Zip Code Goleta, CA 93117-4349	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of California
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stucky, Galen <hr/> Contributor address; City; State; Zip Code Goleta, CA 93117-4349	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of California
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stucky, Galen <hr/> Contributor address; City; State; Zip Code Goleta, CA 93117-4349	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of California

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 163/190 Rpt: 166/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stucky, Galen	7 Amount of Contribution (\$) \$10.00
6 Contributor address; City; State; Zip Code Goleta, CA 93117-4349		
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of California
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stucky, Galen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Goleta, CA 93117-4349		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of California
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stucky, Galen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Goleta, CA 93117-4349		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of California
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stucky, Galen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Goleta, CA 93117-4349		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of California
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stucky, Galen	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Goleta, CA 93117-4349		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of California

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stucky, Galen	7 Amount of Contribution (\$) \$26.00
6 Contributor address; City; State; Zip Code Goleta, CA 93117-4349		
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) University of California
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stucky, Galen	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Goleta, CA 93117-4349		
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of California
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Jacqueline	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Seattle, WA 98109-4953		
Principal occupation / Job title (See Instructions) Senior Program Manager		Employer (See Instructions) Launch Consulting
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Jacqueline	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Seattle, WA 98109-4953		
Principal occupation / Job title (See Instructions) Senior Program Manager		Employer (See Instructions) Launch Consulting
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sullivan, Jacqueline	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Seattle, WA 98109-4953		
Principal occupation / Job title (See Instructions) Senior Program Manager		Employer (See Instructions) Launch Consulting

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 165/190 Rpt: 168/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sussman, David	7 Amount of Contribution (\$) \$500.00
6 Contributor address; City; State; Zip Code New York, NY 10024-6032		
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Major League Baseball
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swan, John	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Carlsbad, CA 92009-9211		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swan, John	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Carlsbad, CA 92009-9211		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Jean	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Minneapolis, MN 55406-3681		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Jean	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Minneapolis, MN 55406-3681		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 166/190 Rpt: 169/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Jean	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Minneapolis, MN 55406-3681		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Jean	Amount of Contribution (\$) \$25.00
Contributor address; City; State; Zip Code Minneapolis, MN 55406-3681		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taggart, Virginia	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Mc Lean, VA 22101-4105		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taggart, Virginia	Amount of Contribution (\$) \$100.00
Contributor address; City; State; Zip Code Mc Lean, VA 22101-4105		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taggart, Virginia	Amount of Contribution (\$) \$250.00
Contributor address; City; State; Zip Code Mc Lean, VA 22101-4105		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 167/190 Rpt: 170/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/25/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Martin G. <hr/> 6 Contributor address; City; State; Zip Code Roseville, CA 95747-8103	7 Amount of Contribution (\$) \$300.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Martin G. <hr/> Contributor address; City; State; Zip Code Roseville, CA 95747-8103	Amount of Contribution (\$) \$300.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Reid <hr/> Contributor address; City; State; Zip Code Asheville, NC 28804-2630	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions) HCA
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Reid <hr/> Contributor address; City; State; Zip Code Asheville, NC 28804-2630	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions) HCA
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Reid <hr/> Contributor address; City; State; Zip Code Asheville, NC 28804-2630	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Healthcare		Employer (See Instructions) HCA

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 168/190 Rpt: 171/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Taylor, Reid <hr/> 6 Contributor address; City; State; Zip Code Asheville, NC 28804-2630	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Healthcare		9 Employer (See Instructions) HCA
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorn, Carrie <hr/> Contributor address; City; State; Zip Code Charlotte, MI 48813-8631	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Management Consultant		Employer (See Instructions) Self Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thorn, Carrie <hr/> Contributor address; City; State; Zip Code Charlotte, MI 48813-8631	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Management Consultant		Employer (See Instructions) Self Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa <hr/> Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Policy Analyst		Employer (See Instructions) New America
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa <hr/> Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Policy Analyst		Employer (See Instructions) New America

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 169/190 Rpt: 172/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa <hr/> 6 Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Policy Analyst		9 Employer (See Instructions) New America
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tooley, Melissa <hr/> Contributor address; City; State; Zip Code Takoma Park, MD 20912-4136	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Policy Analyst		Employer (See Instructions) New America
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torbohn, Joan <hr/> Contributor address; City; State; Zip Code Durango, CO 81301-7454	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retail		Employer (See Instructions) Main Avenue Inc
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torbohn, Joan <hr/> Contributor address; City; State; Zip Code Durango, CO 81301-7454	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retail		Employer (See Instructions) Main Avenue Inc
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torbohn, Joan <hr/> Contributor address; City; State; Zip Code Durango, CO 81301-7454	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retail		Employer (See Instructions) Main Avenue Inc

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 170/190 Rpt: 173/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torbohn, Joan <hr/> 6 Contributor address; City; State; Zip Code Durango, CO 81301-7454	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Retail		9 Employer (See Instructions) Main Avenue Inc
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torbohn, Joan <hr/> Contributor address; City; State; Zip Code Durango, CO 81301-7454	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retail		Employer (See Instructions) Main Avenue Inc
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torbohn, Joan <hr/> Contributor address; City; State; Zip Code Durango, CO 81301-7454	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retail		Employer (See Instructions) Main Avenue Inc
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Torbohn, Joan <hr/> Contributor address; City; State; Zip Code Durango, CO 81301-7454	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Retail		Employer (See Instructions) Main Avenue Inc
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucket, Stevens <hr/> Contributor address; City; State; Zip Code Pacific Grove, CA 93950-3867	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 171/190 Rpt: 174/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tucket, Stevens <hr/> 6 Contributor address; City; State; Zip Code Pacific Grove, CA 93950-3867	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tullis, Lynn <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-2403	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tullis, Lynn <hr/> Contributor address; City; State; Zip Code Eugene, OR 97405-2403	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turunc, Umit <hr/> Contributor address; City; State; Zip Code Doylestown, PA 18901-6407	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turunc, Umit <hr/> Contributor address; City; State; Zip Code Doylestown, PA 18901-6407	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/30/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Turunc, Umit <hr/> 6 Contributor address; City; State; Zip Code Doylestown, PA 18901-6407	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tyson, Thor <hr/> Contributor address; City; State; Zip Code Seattle, WA 98103-6215	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Valenzuela, Leticia <hr/> Contributor address; City; State; Zip Code Pasadena, CA 91106-3739	Amount of Contribution (\$) \$150.00
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#: _____) Vance, John <hr/> Contributor address; City; State; Zip Code Woodland Park, CO 80863-9615	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vance, John <hr/> Contributor address; City; State; Zip Code Woodland Park, CO 80863-9615	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 173/190 Rpt: 176/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vance, John <hr/> 6 Contributor address; City; State; Zip Code Woodland Park, CO 80863-9615	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vance, John <hr/> Contributor address; City; State; Zip Code Woodland Park, CO 80863-9615	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderheiden, Gregg <hr/> Contributor address; City; State; Zip Code Seattle, WA 98109-3806	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Maryland
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vanderheiden, Gregg <hr/> Contributor address; City; State; Zip Code Seattle, WA 98109-3806	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) University of Maryland
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vogel, Mark <hr/> Contributor address; City; State; Zip Code Hollywood, FL 33021-3606	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Attorney		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: 174/190 Rpt: 177/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Volk, Robert <hr/> 6 Contributor address; City; State; Zip Code San Marino, CA 91108-1140	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Volk, Robert <hr/> Contributor address; City; State; Zip Code San Marino, CA 91108-1140	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Volk, Robert <hr/> Contributor address; City; State; Zip Code San Marino, CA 91108-1140	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) 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: 175/190 Rpt: 178/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Self Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wain, Cynthia <hr/> Contributor address; City; State; Zip Code Los Altos Hills, CA 94022-2512	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) 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: 176/190 Rpt: 179/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> 6 Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$250.00
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: 177/190 Rpt: 180/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> 6 Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$200.00
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: 178/190 Rpt: 181/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> 6 Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$500.00
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: 179/190 Rpt: 182/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> 6 Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$250.00
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: 180/190 Rpt: 183/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/02/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> 6 Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walk, Cynthia <hr/> Contributor address; City; State; Zip Code La Jolla, CA 92037-7340	Amount of Contribution (\$) \$500.00
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: 181/190 Rpt: 184/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/09/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wang, Devra <hr/> 6 Contributor address; City; State; Zip Code Palo Alto, CA 94301-1033	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Program Director		9 Employer (See Instructions) Heising-Simons Foundation
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weflen, Marleen <hr/> Contributor address; City; State; Zip Code Mesa, AZ 85212-8439	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weflen, Marleen <hr/> Contributor address; City; State; Zip Code Mesa, AZ 85212-8439	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weller, Paul <hr/> Contributor address; City; State; Zip Code Minooka, IL 60447-9228	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weller, Paul <hr/> Contributor address; City; State; Zip Code Minooka, IL 60447-9228	Amount of Contribution (\$) \$100.00
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: 182/190 Rpt: 185/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wetherington, Donna <hr/> 6 Contributor address; City; State; Zip Code Vista, CA 92081-9045	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wetherington, Donna <hr/> Contributor address; City; State; Zip Code Vista, CA 92081-9045	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wetherington, Donna <hr/> Contributor address; City; State; Zip Code Vista, CA 92081-9045	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wetherington, Donna <hr/> Contributor address; City; State; Zip Code Vista, CA 92081-9045	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wetherington, Donna <hr/> Contributor address; City; State; Zip Code Vista, CA 92081-9045	Amount of Contribution (\$) \$10.00
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: 183/190 Rpt: 186/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/23/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wetherington, Donna <hr/> 6 Contributor address; City; State; Zip Code Vista, CA 92081-9045	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wetherington, Donna <hr/> Contributor address; City; State; Zip Code Vista, CA 92081-9045	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wetherington, Donna <hr/> Contributor address; City; State; Zip Code Vista, CA 92081-9045	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/26/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wettan, Howard <hr/> Contributor address; City; State; Zip Code Burlingame, CA 94010-4710	Amount of Contribution (\$) \$4,000.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self-Employed
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whiting, Jo L. <hr/> Contributor address; City; State; Zip Code Aurora, CO 80014-1866	Amount of Contribution (\$) \$500.00
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: 184/190 Rpt: 187/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wikler, Joan <hr/> 6 Contributor address; City; State; Zip Code Waldport, OR 97394-0734	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wikler, Joan <hr/> Contributor address; City; State; Zip Code Waldport, OR 97394-0734	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wikler, Joan <hr/> Contributor address; City; State; Zip Code Waldport, OR 97394-0734	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wikler, Joan <hr/> Contributor address; City; State; Zip Code Waldport, OR 97394-0734	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Alvin T. <hr/> Contributor address; City; State; Zip Code Hudson, MA 01749-2756	Amount of Contribution (\$) \$100.00
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: 185/190 Rpt: 188/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Alvin T. <hr/> 6 Contributor address; City; State; Zip Code Hudson, MA 01749-2756	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilkinson, Alvin T. <hr/> Contributor address; City; State; Zip Code Hudson, MA 01749-2756	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Lana <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85704-4754	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Lana <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85704-4754	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Lana <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85704-4754	Amount of Contribution (\$) \$1,500.00
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: 186/190 Rpt: 189/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, William <hr/> 6 Contributor address; City; State; Zip Code Spring, TX 77393-2166	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, William <hr/> Contributor address; City; State; Zip Code Spring, TX 77393-2166	Amount of Contribution (\$) \$175.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winsberg, Nora <hr/> Contributor address; City; State; Zip Code Asheville, NC 28805-1669	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/02/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winsberg, Nora <hr/> Contributor address; City; State; Zip Code Asheville, NC 28805-1669	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winsberg, Nora <hr/> Contributor address; City; State; Zip Code Asheville, NC 28805-1669	Amount of Contribution (\$) \$100.00
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: 187/190 Rpt: 190/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Witty, Joanne <hr/> 6 Contributor address; City; State; Zip Code Bedford Hills, NY 10507-2208	7 Amount of Contribution (\$) \$1,000.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Adam <hr/> Contributor address; City; State; Zip Code Loveland, CO 80538-8778	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Unisys Corporation
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolf, Adam <hr/> Contributor address; City; State; Zip Code Loveland, CO 80538-8778	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Unisys Corporation
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Frederick <hr/> Contributor address; City; State; Zip Code Arlington, VA 22207-4041	Amount of Contribution (\$) \$60.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 11/04/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Frederick <hr/> Contributor address; City; State; Zip Code Arlington, VA 22207-4041	Amount of Contribution (\$) \$100.00
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: 188/190 Rpt: 191/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/12/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wood, Frederick <hr/> 6 Contributor address; City; State; Zip Code Arlington, VA 22207-4041	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard-Kelley, Rachel <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98029-7326	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Issaquah School District
Date 11/25/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard-Kelley, Rachel <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98029-7326	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Issaquah School District
Date 12/23/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodard-Kelley, Rachel <hr/> Contributor address; City; State; Zip Code Issaquah, WA 98029-7326	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Educator		Employer (See Instructions) Issaquah School District
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodbury, Roger <hr/> Contributor address; City; State; Zip Code Fort Madison, IA 52627-4144	Amount of Contribution (\$) \$200.00
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: 189/190 Rpt: 192/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/16/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wray, Doug	7 Amount of Contribution (\$) \$250.00
6 Contributor address; City; State; Zip Code Indianapolis, IN 46256-3454		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 10/28/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yamada, Elaine M.	Amount of Contribution (\$) \$95.00
Contributor address; City; State; Zip Code Baltimore, MD 21216-1646		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self Employed
Date 11/18/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yamada, Elaine M.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Baltimore, MD 21216-1646		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self Employed
Date 12/16/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yamada, Elaine M.	Amount of Contribution (\$) \$10.00
Contributor address; City; State; Zip Code Baltimore, MD 21216-1646		
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self Employed
Date 11/12/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Young, Robert	Amount of Contribution (\$) \$1,000.00
Contributor address; City; State; Zip Code Raleigh, NC 27605-3293		
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: 190/190 Rpt: 193/199
2 FILER NAME National Democratic Redistricting Committee		3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/04/2024	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zellmer, Sandra	7 Amount of Contribution (\$) \$50.00
6 Contributor address; City; State; Zip Code Wauwatosa, WI 53213-1429		
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Not Employed
Date 12/09/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zellmer, Sandra	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Wauwatosa, WI 53213-1429		
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not Employed
Date 12/30/2024	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Zellmer, Sandra	Amount of Contribution (\$) \$50.00
Contributor address; City; State; Zip Code Wauwatosa, WI 53213-1429		
Principal occupation / Job title (See Instructions) Retired		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: 194/199	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/22/2024	5 Payee name Abbott, Thomas A.	
6 Amount (\$) \$1,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 277 Griggs Ave Teaneck, NJ 07666-3304	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Refund	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Refund
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/27/2024	Payee name ActBlue Technical Services	
Amount (\$) \$1,935.71 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2024	Payee name ActBlue Technical Services	
Amount (\$) \$3,246.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
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	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: 2/6 Rpt: 195/199	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 11/10/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$790.53 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/17/2024	Payee name ActBlue Technical Services	
Amount (\$) \$310.10 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/24/2024	Payee name ActBlue Technical Services	
Amount (\$) \$488.66 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
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: 196/199	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/01/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$570.88 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/08/2024	Payee name ActBlue Technical Services	
Amount (\$) \$424.77 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/15/2024	Payee name ActBlue Technical Services	
Amount (\$) \$687.98 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
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: 197/199	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 12/22/2024	5 Payee name ActBlue Technical Services	
6 Amount (\$) \$534.43 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/29/2024	Payee name ActBlue Technical Services	
Amount (\$) \$887.40 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer St Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Fees	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Credit Card Processing Fees
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2024	Payee name Blue State Digital	
Amount (\$) \$18,250.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 62187 Collection Center Dr Chicago, IL 60693-0621	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Consulting Services
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: 198/199	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
4 Date 10/28/2024	5 Payee name Christine Weems for Judge	
6 Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1300 McGowen Street Houston, TX 77004	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/19/2024	Payee name Elias Law Group	
Amount (\$) \$12,500.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 250 Massachusetts Ave NW Ste 400 Washington, DC 20001-5825	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Legal Services	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Legal Services
Complete ONLY if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/17/2024	Payee name National Democratic Redistricting Committee - General Funds	
Amount (\$) \$10,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1032 15th St. NW Ste. 247 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Transfer	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Internal Transfer
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: 6/6 Rpt: 199/199	2 FILER NAME National Democratic Redistricting Committee	3 Filer ID (Ethics Commission Filers) 00084832
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4 Date 11/12/2024	5 Payee name North Carolina Families First
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6 Amount (\$) \$35,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 255 Raleigh, NC 27602-0255
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8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Contributions/Donations Made By Candidate/Officeholder/Political Committee	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Contribution
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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 12/19/2024	Payee name Premier Political Compliance Inc.
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Amount (\$) \$12,769.98 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 1032 15th St NW Ste 247 Washington, DC 20005-1502
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PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Consulting 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 Compliance Services
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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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