GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

Th	e GPAC Instruction	Guide explains how to complete this form.	1	Filer ID (Ethics Commission Filers) 00088737		2 Total pages filed: 8		
3	COMMITTEE NAME					OFFICE USE ONLY		
	Lead Locally PAC					Date Received		
	-							
						ELECTRONICALLY FILED		
Ļ						01/13/2025		
4	COMMITTEE ADDRESS		TY;	STATE; ZIP COD	F			
		1110 N. Virgil Ave #375				Date Hand-delivered or Date Postmarked		
	Change of Address							
		Los Angeles, CA 90029				Receipt # Amount		
						Date Processed		
						Date Imaged		
						Date integen		
5	CAMPAIGN	MS/MRS/MR FIRST				MI		
		Howie						
	NAME							
		NICKNAME LAST	•••••			SUFFIX		
		Stanger						
		5						
6	CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE);		APT / SUITE #; CI	TY;	STATE; ZIP CODE		
ľ	TREASURER	1110 N. Virgil Ave. #375	,	,	,	,		
	STREET ADDRESS							
	(Residence or Business)	Los Angeles, CA 90029						
7	CAMPAIGN	STREET OR PO BOX;		APT / SUITE #; C	CITY;	STATE; ZIP CODE		
ľ	TREASURER			AFT/SUITE#, C	, ייוו	STATE, ZIF CODE		
	MAILING ADDRESS	1110 N. Virgil Ave. #375						
	ADDRE33							
	Change of Address	Los Angeles, CA 90029						
8	CAMPAIGN	AREA CODE PHONE NUMBER	ΕX	TENSION				
	TREASURER PHONE	(310) 929-0276						
9	REPORT	X January 15	30th	day before election	Г	Dissolution (Attach PAC-DR)		
	TYPE			ay before election		10th day after campaign treasurer		
		July 15		-		termination		
			Runo	off				
10	PERIOD	Month Day Year		Month D	ay	Year		
	COVERED	-	HR	OUGH 12/31/2		L .		
11	ELECTION	ELECTION DATE		ELECTION TYPE	Ξ			
			Prin	nary Runoff		Other		
		11/05/2024	Ger	eral Special				
-		II						
		GO	тс	PAGE 2				
For	rms provided by Tex	xas Ethics Commission www.e	ethi	cs.state.tx.us		Version V4.1.0.5dd2ace2		

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME			13 Filer ID	(Ethics Commission Filers)
Lead Locallly PAC			00088737	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported Isabel Araiza Mayor, Corpus C	Christi	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed		
	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	PLEDGES, LOANS, CONTRIBUTIONS M	 POLITICAL CONTRIBUTIONS (OTHER THAN OR GUARANTEES OF LOANS, OR ADE ELECTRONICALLY) qualifies for the higher itemization threshold 	\$	0.00
	2. TOTAL POLITICA (OTHER THAN PLE	L CONTRIBUTIONS DGES, LOANS, OR GUARANTEES OF LOANS)	\$	2,776.40
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED	POLITICAL EXPENDITURES	\$	0.00
	4. TOTAL POLITICA	L EXPENDITURES	\$	2,776.40
CONTRIBUTION BALANCE	5. TOTAL POLITICAL C OF THE REPORTING	CONTRIBUTIONS MAINTAINED AS OF THE LAST G PERIOD	DAY \$	0.00
OUTSTANDING LOAN TOTALS		AMOUNT OF ALL OUTSTANDING LOANS AS OF T REPORTING PERIOD	THE \$	0.00
16 AFFIDAVIT	I			
		I swear, or affirm, under penalty of pe true and correct and includes all inforr under Title 15, Election Code.		
		Howie	Stanger	
		Signature of Car	-	ırer
AFFIX NOTARY	STAMP / SEAL ABOVE			
Sworn to and subscribed	before me, by the said	, tr	nis the	day
of		uuy		
Signature of officer ad	ninistering oath	Printed name of officer administering oath	Title of offic	cer administering oath
Forms provided by Texas E	thics Commission	www.ethics.state.tx.us		Version V4.1.0.5dd2ace2

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC

ADDENDUM Page 3 of 8

12 COMMITTEE NAME					13 Filer ID	(Ethics Commission Filers)
Lead Locally PAC					00088737	
14 COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Jim Klein C	ty Council At-Large	e, Corpus Christi	
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported	Eli McKay C	City Council District	1, Corpus Chris	ti
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)					
COMMITTEE ACTIVITY	1. Candidates (Identify by name or, if applicable, classify by party.)		Sylvia Camp	os City Council Di	strict 2, Corpus	Christi
(Attach lists on plain paper to complete this report if necessary.)		B. Opposed				
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported				
		B. Opposed				
	 Officeholders Assisted (Identify by name or, if applicable, classify by party.) 					
Forms provided by Texas I			u othics state (Version VA 1.0 5dd2aca

GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE

FORM GPAC

Page 4 of 8

SI	JBT	OTALS - GPAC	C	FORM GPAC OVER SHEET PG 3
17 CO Lea	MMITT ad Loc	(Ethics Commission Filers)		
19 SCI NAI	HEDUL ME OF	SUBTOTAL AMOUNT		
1.	Х	SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 2,776.40	
2.		SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$
3.		SCHEDULE B: PLEDGED CONTRIBUTIONS		\$
4.		SCHEDULE C1: MONETARY CONTRIBUTIONS FROM CORPORATION OR LABO ORGANIZATION	R	\$
5.		SCHEDULE C2: NON-MONETARY (IN-KIND) CONTRIBUTIONS FROM CORPORA LABOR ORGANIZATION	TION OR	\$
6.		SCHEDULE C3: MONETARY SUPPORT FROM CORPORATION OR LABOR ORG	ANIZATION	\$
7.		SCHEDULE C4: NON-MONETARY SUPPORT FROM CORPORATION OR LABOR ORGANIZATION		\$
8.		SCHEDULE D: PLEDGED CONTRIBUTIONS FROM CORPORATION OR LABOR (ORGANIZATION	\$
9.		SCHEDULE E: LOANS		\$
10.	Х	SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	5	\$ 2,776.40
11.		SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$
12.		SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTION	ONS	\$
13.		SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$
14.		SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTION	DNS	\$
15.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS I TO FILER	RETURNED	\$

MONET	ARY POLITICAL CONTRIBUTIO	SCHEDULE A1		
The Instru	ction Guide explains how to complete this f	1 Total pages Schedule A1: Sch: 1/1 Rpt: 6/8		
2 FILER NAME Lead Local		3 Filer ID (Ethics Commission Filers) 00088737		
4 Date 10/27/2024	 Full name of contributor out-of-state PAC (ID#: Green Advocacy Project Contributor address; City; State; Zip Code Washington, DC 20011 	7 Amount of Contribution (\$) \$2,776.40		
8 Principal occi	upation / Job title (See Instructions)	9 Employer (See Instructions	;)	

POLITICAL EXPENDITURES FROM POLITICAL	
CONTRIBUTIONS	

SCHEDULE F1

	EXPENDITURE CATEGORIES FOR BOX 8(a)							
Advertising Expense Accounting/Banking Consulting Expense Contributions/ Donations Made B Candidate/Officeholder/Politic Credit Card Payment			Event Expense Fees Food/Beverage Expense Gift/Awards/Memorials Expe mmittee Legal Services	ense	Loan Repayment/Reimbursemen Office Overhead/Rental Expense Polling Expense Printing Expense Salaries/Wages/Contract Labor s how to complete this form.			Solicitation/Fundraising Expense Transportation Equipment & Related Expense Travel in District Travel Out of District OTHER (enter a category not listed above)
1	Total pages Schedule F1:	2	FILER NAME				3	Filer ID (Ethics Commission Filers)
	Sch: 1/2 Rpt: 7/8		Lead Locallly PAC					00088737
4	Date	5	Payee name					
	10/27/2024		Good Works Matters					
6	Amount (\$)	7	Payee address; City;	State	; Zip Co	ode		
	\$2,776.40		4845 Pearl East Cir					
_	Expenditure from		Ste 118 PMB 28822					
L	corporate funds		Boulder, CO 80301					
8 PURPOSE OF EXPENDITURE (a) Category (See Categories listed at the top of this schedule) Salaries/Wages/Contract Labor (b) Description 					officeholder living expense			
9	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Araiza, Isabel		Office sou Mayor, C	ight Corpus Christi		Office held None
	Date		Payee name					
			(see previous)					
	Amount (\$) Expenditure from corporate funds		Payee address; City;	State	; Zip Cc	Jae		
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to	p of this sch	nedule)			de of Texas. Complete Schedule T. . officeholder living expense
	Complete ONLY if direct		Candidate/Officeholder name	(Office sou	ıght		Office held
	expenditure to benefit C/OI	H	Klein, Jim	(City Cou	ncil At-Large, Cor	pus	6 City Council At-Large, Corpus
	Date		Payee name (see previous)					
	Amount (\$)		Payee address; City;	State	; Zip Cc	ode		
	corporate funds							
	PURPOSE OF EXPENDITURE	(a)	Category (See Categories listed at the to	p of this sch	nedule)			de of Texas. Complete Schedule T. , officeholder living expense
	Complete <u>ONLY</u> if direct expenditure to benefit C/O		Candidate/Officeholder name Magnusson IV, Eric		Office sou City Cou	ight ncil District 4, Coi	rpus	Office held S None

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 Expens Legal Services The Instruction Guide ex	Office O Polling E se Printing Salaries	Expense /Wages/Contract Labor	Solicitation/Fundraising Expense Transportation Equipment & Related Travel in District Travel Out of District OTHER (enter a category not listed	-	
1 Total pages Schedule F1:	2 FILER NAM	E			3 Filer ID (Ethics Commis	ssion Filers)	
Sch: 2/2 Rpt: 8/8	Lead Loca	lly PAC			00088737		
4 Date	5 Payee name						
	(see previo	ous)					
6 Amount (\$)	7 Payee addro	ess; City;	State; Zip C	ode			
corporate funds							
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top o	of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense		
9 Complete <u>ONLY</u> if direct expenditure to benefit C/O		ficeholder name	Office so City Co	ught uncil District 1, Cor	Office held pus None		
Date	Payee name	<u>)</u>					
	(see previo	ous)					
Amount (\$)	Payee addro	ess; City;	State; Zip C	loue			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top o	of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense		
Complete ONLY if direct		ficeholder name	Office so		Office held		
expenditure to benefit C/O	^H Campos, Sy	lvia	City Co	uncil District 2, Cor	pus City Council District	2, Corpus	
Date	Payee name (see previo						
Amount (\$)	Payee addro	ess; City;	State; Zip C	ode			
corporate funds				-			
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top o	of this schedule)		outside of Texas. Complete Schedule T. , TX, officeholder living expense		
Complete <u>ONLY</u> if direct		ficeholder name	Office so	-	Office held		
expenditure to benefit C/O	H Gracia, Jeni	hifer	City Co	uncil At-Large, Cor	pus None		