

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) 00084821	2 Total pages filed: 200	
3 COMMITTEE NAME Rideshare 2 Vote			OFFICE USE ONLY Date Received ELECTRONICALLY FILED 01/09/2026 Date Hand-delivered or Date Postmarked Receipt # Amount Date Processed Date Imaged	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 803648 DALLAS, TX 75380			
5 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI Ms. Paola ----- NICKNAME LAST SUFFIX Kovich			
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE 4808 Haverwood Lane Apt. 435 Dallas, TX 75287			
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO Box 803648 Dallas, TX 75380			
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (214) 364-3570			
9 REPORT TYPE	<input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff			
10 PERIOD COVERED	Month Day Year Month Day Year 10/26/2025 THROUGH 12/31/2025			
11 ELECTION	ELECTION DATE Month Day Year		ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special	

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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM **GPAC**
COVER SHEET PG 2

12 COMMITTEE NAME Rideshare 2 Vote		13 Filer ID (Ethics Commission Filers) 00084821
14 COMMITTEE ACTIVITY (Attach lists on plain paper to complete this report if necessary.)	1. Candidates (Identify by name or, if applicable, classify by party.)	A. Supported
		B. Opposed
	2. Measures (Describe by date and location of election and nature of issue.)	A. Supported
		B. Opposed
	3. Officeholders Assisted (Identify by name or, if applicable, classify by party.)	
	15 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 33,868.90
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURES	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 75,581.71
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 155,555.87
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

16 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Ms. Paola Kovich

Signature of Campaign Treasurer

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20_____, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath

SUBTOTALS - GPAC**FORM GPAC**
COVER SHEET PG 3
3 of 200

17 COMMITTEE NAME Rideshare 2 Vote		18 Filer ID (Ethics Commission Filers) 00084821
19 SCHEDULE SUBTOTALS NAME OF SCHEDULE		SUBTOTAL AMOUNT
1.	<input checked="" type="checkbox"/> SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 33,868.90
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 checked="" type="checkbox"/> SCHEDULE E: LOANS	\$ 0.00
10.	<input checked="" type="checkbox"/> SCHEDULE F1: POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$ 75,581.71
11.	<input type="checkbox"/> SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
12.	<input type="checkbox"/> SCHEDULE F3: PURCHASE OF INVESTMENTS FROM POLITICAL CONTRIBUTIONS	\$
13.	<input type="checkbox"/> SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
14.	<input type="checkbox"/> SCHEDULE I: NON-POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS	\$
15.	<input checked="" type="checkbox"/> SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$ 1,056.42

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 1/186 Rpt: 4/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Achey, Michael <hr/> 6 Contributor address; City; State; Zip Code North Easton, MA 02356	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) md		9 Employer (See Instructions) compass medical
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Achey, Michael <hr/> Contributor address; City; State; Zip Code North Easton, MA 02356	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) md		Employer (See Instructions) compass medical
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Achey, Michael <hr/> Contributor address; City; State; Zip Code North Easton, MA 02356	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) md		Employer (See Instructions) compass medical
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ackerman, Sandra <hr/> Contributor address; City; State; Zip Code Durham, NC 27701	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions) self
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ackerman, Sandra <hr/> Contributor address; City; State; Zip Code Durham, NC 27701	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 2/186 Rpt: 5/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Adelsberger, Peter <hr/> 6 Contributor address; City; State; Zip Code Suffield, CT 06078	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Case Manager/Mental Health		9 Employer (See Instructions) Hartford Hospital
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanen, Dennis <hr/> Contributor address; City; State; Zip Code Roseville, MN 55113	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Alanen, Dennis <hr/> Contributor address; City; State; Zip Code Roseville, MN 55113	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albritton, Mary <hr/> Contributor address; City; State; Zip Code Sarasota, FL 34235	Amount of Contribution (\$) \$20.23
Principal occupation / Job title (See Instructions) Comptroller		Employer (See Instructions) Your Farm and Garden
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Albritton, Mary <hr/> Contributor address; City; State; Zip Code Sarasota, FL 34235	Amount of Contribution (\$) \$20.23
Principal occupation / Job title (See Instructions) Comptroller		Employer (See Instructions) Your Farm and Garden

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 3/186 Rpt: 6/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ash, Arlene <hr/> 6 Contributor address; City; State; Zip Code Boston, MA 02115	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Health Care Statistics		9 Employer (See Instructions) UMass Medical School
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ash, Arlene <hr/> Contributor address; City; State; Zip Code Boston, MA 02115	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Health Care Statistics		Employer (See Instructions) UMass Medical School
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ash, Arlene <hr/> Contributor address; City; State; Zip Code Boston, MA 02115	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Health Care Statistics		Employer (See Instructions) UMass Medical School
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley, Charlene <hr/> Contributor address; City; State; Zip Code Elk Grove, CA 95758	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ashley, Charlene <hr/> Contributor address; City; State; Zip Code Elk Grove, CA 95758	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 4/186 Rpt: 7/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Nathan <hr/> 6 Contributor address; City; State; Zip Code Santa Cruz, CA 95060	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) physician		9 Employer (See Instructions) Palo Alto Medical Foundation
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Atkinson, Nathan <hr/> Contributor address; City; State; Zip Code Santa Cruz, CA 95060	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) Palo Alto Medical Foundation
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) B, Craig <hr/> Contributor address; City; State; Zip Code Austin, TX 78766	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Developer		Employer (See Instructions) Craig B
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Backman, Rebecca <hr/> Contributor address; City; State; Zip Code Andover, MA 01810	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Backman, Rebecca <hr/> Contributor address; City; State; Zip Code Andover, MA 01810	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 5/186 Rpt: 8/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baechle, Ralph <hr/> 6 Contributor address; City; State; Zip Code Davenport, IA 52807	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baechle, Ralph <hr/> Contributor address; City; State; Zip Code Davenport, IA 52807	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barber III, Edwin L <hr/> Contributor address; City; State; Zip Code Washington, DC 20016	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Barton, Fletcher <hr/> Contributor address; City; State; Zip Code Yonkers, NY 10701	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) City Planner		Employer (See Instructions) NYC DEP
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumstein, Michael <hr/> Contributor address; City; State; Zip Code East Hampton, NY 11937-2426	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 6/186 Rpt: 9/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Baumstein, Michael 6 Contributor address; City; State; Zip Code East Hampton, NY 11937-2426	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bautista, Mary Paula Contributor address; City; State; Zip Code New York, NY 10031	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Jean Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Beasley Associates
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beasley, Jean Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Business		Employer (See Instructions) Beasley Associates
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beauvais, Carol Contributor address; City; State; Zip Code Northampton, MA 01060	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) psychologist		Employer (See Instructions) Carol Beauvais PhD

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 7/186 Rpt: 10/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beauvais, Carol <hr/> 6 Contributor address; City; State; Zip Code Northampton, MA 01060	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) psychologist		9 Employer (See Instructions) Carol Beauvais PhD
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Beer, Avery <hr/> Contributor address; City; State; Zip Code Bloomfield, NY 14469	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bell, Sharon <hr/> Contributor address; City; State; Zip Code Oak Ridge, TN 37830	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bergman, Howard <hr/> Contributor address; City; State; Zip Code Asheville, NC 28803	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Howard J Bergman Consulting
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berliss, Jeremy <hr/> Contributor address; City; State; Zip Code Portland, OR 97211	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Principal		Employer (See Instructions) Multnomah education service district

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 8/186 Rpt: 11/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Berliss, Jeremy <hr/> 6 Contributor address; City; State; Zip Code Portland, OR 97211	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Principal		9 Employer (See Instructions) Multnomah education service district
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernard, Ken <hr/> Contributor address; City; State; Zip Code Royal Oak, MI 48067	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Investment advisor		Employer (See Instructions) Bernard Wealth Management
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernard-Pearl, Lisa <hr/> Contributor address; City; State; Zip Code Albany, CA 94706	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernard-Pearl, Lisa <hr/> Contributor address; City; State; Zip Code Albany, CA 94706	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) Self
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernhard, Keith <hr/> Contributor address; City; State; Zip Code Toledo, OH 43607	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 9/186 Rpt: 12/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernhard, Keith <hr/> 6 Contributor address; City; State; Zip Code Toledo, OH 43607	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) none
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernhard, Keith <hr/> Contributor address; City; State; Zip Code Toledo, OH 43607	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernhard, Keith <hr/> Contributor address; City; State; Zip Code Toledo, OH 43607	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bernhard, Keith <hr/> Contributor address; City; State; Zip Code Toledo, OH 43607	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bethard, Laura <hr/> Contributor address; City; State; Zip Code Allston, MA 02134	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) publications		Employer (See Instructions) NBER

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 10/186 Rpt: 13/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bethard, Laura <hr/> 6 Contributor address; City; State; Zip Code Allston, MA 02134	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) publications		9 Employer (See Instructions) NBER
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bilkey, Amy W <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bilkey, Amy W <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30328	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Billing, Elena <hr/> Contributor address; City; State; Zip Code Guilford, CT 06437	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Binney, Robert <hr/> Contributor address; City; State; Zip Code Boston, MA 02114	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 11/186 Rpt: 14/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bleakley, Rebecca <hr/> 6 Contributor address; City; State; Zip Code Taunton, MA 02780	7 Amount of Contribution (\$) \$6.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bleakley, Rebecca <hr/> Contributor address; City; State; Zip Code Taunton, MA 02780	Amount of Contribution (\$) \$6.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blier, Steven <hr/> Contributor address; City; State; Zip Code New York, NY 10025	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Juilliard School
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Blier, Steven <hr/> Contributor address; City; State; Zip Code New York, NY 10025	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Musician		Employer (See Instructions) Juilliard School
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobrick, Elizabeth <hr/> Contributor address; City; State; Zip Code Middletown, CT 06457	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 12/186 Rpt: 15/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobrick, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Middletown, CT 06457	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) writer		9 Employer (See Instructions) self
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bobrick, Elizabeth <hr/> Contributor address; City; State; Zip Code Middletown, CT 06457	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) writer		Employer (See Instructions) self
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Boland, William <hr/> Contributor address; City; State; Zip Code Miami, FL 33133	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Physiologist		Employer (See Instructions) BodyFix Method
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolevice, David <hr/> Contributor address; City; State; Zip Code Philmont, NY 12565	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bolevice, David <hr/> Contributor address; City; State; Zip Code Philmont, NY 12565	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 13/186 Rpt: 16/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Sandra <hr/> 6 Contributor address; City; State; Zip Code University Place, WA 98466	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Teacher		9 Employer (See Instructions) Not employed
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowman, Sandra <hr/> Contributor address; City; State; Zip Code University Place, WA 98466	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Not employed
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowyer, Susan <hr/> Contributor address; City; State; Zip Code Oakland, CA 94602	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Caregiver		Employer (See Instructions) Martha Senger
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bowyer, Susan <hr/> Contributor address; City; State; Zip Code Oakland, CA 94602	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Caregiver		Employer (See Instructions) Martha Senger
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady, Jessica <hr/> Contributor address; City; State; Zip Code Wayne, NJ 07470	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Laboratory scientist		Employer (See Instructions) Alfa Wassermann

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 14/186 Rpt: 17/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady, Jessica <hr/> 6 Contributor address; City; State; Zip Code Wayne, NJ 07470	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Laboratory scientist		9 Employer (See Instructions) Alfa Wassermann
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brady, Jessica <hr/> Contributor address; City; State; Zip Code Wayne, NJ 07470	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Laboratory scientist		Employer (See Instructions) Alfa Wassermann
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bram, Rachel <hr/> Contributor address; City; State; Zip Code Huntington, NY 11743	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bram, Rachel <hr/> Contributor address; City; State; Zip Code Huntington, NY 11743	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brannian, Deborah <hr/> Contributor address; City; State; Zip Code CRESTED BUTTE, CO 81224	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 15/186 Rpt: 18/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Braun, Peter <hr/> 6 Contributor address; City; State; Zip Code Arlington, MA 02474	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brege, Ann-Marie <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96822	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) self
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brege, Ann-Marie <hr/> Contributor address; City; State; Zip Code Honolulu, HI 96822	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) self
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breitner, Pieter <hr/> Contributor address; City; State; Zip Code Coralville, IA 52241	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None (Retired)
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breitner, Pieter <hr/> Contributor address; City; State; Zip Code Coralville, IA 52241	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) None (Retired)

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 16/186 Rpt: 19/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breslow Newhouse, Ellen <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10013	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Breslow Newhouse, Ellen <hr/> Contributor address; City; State; Zip Code New York, NY 10013	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brezniak, Ellen <hr/> Contributor address; City; State; Zip Code Westborough, MA 01581	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brill, Bettye <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brill, Bettye <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94115	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 17/186 Rpt: 20/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Broussard, Tim <hr/> 6 Contributor address; City; State; Zip Code Rockport, TX 78382	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Gloria <hr/> Contributor address; City; State; Zip Code Bonita Springs, FL 31045	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Gloria <hr/> Contributor address; City; State; Zip Code Bonita Springs, FL 34135	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Gloria <hr/> Contributor address; City; State; Zip Code Bonita Springs, FL 31045	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brown, Gloria <hr/> Contributor address; City; State; Zip Code Bonita Springs, FL 34135	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 18/186 Rpt: 21/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browning, Rufus <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94122	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) none
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Browning, Rufus <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94122	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Brustein, Daniel <hr/> Contributor address; City; State; Zip Code Cleveland, OH 44118	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University CompCare
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Budig, Beverly <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95820	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Budish, Amy <hr/> Contributor address; City; State; Zip Code Beachwood, OH 44122-7501	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 19/186 Rpt: 22/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Paul <hr/> 6 Contributor address; City; State; Zip Code Sheffield, MA 01257	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Independent
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Burns, Paul <hr/> Contributor address; City; State; Zip Code Sheffield, MA 01257	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Independent
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bush, Jennifer <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19144	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Cooper University Healthcare
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Bush, Jennifer <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19144	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Cooper University Healthcare
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Butterworth, John <hr/> Contributor address; City; State; Zip Code Salem, MA 01970	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 20/186 Rpt: 23/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabell, James <hr/> 6 Contributor address; City; State; Zip Code Tyler, TX 75703	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cabell, James <hr/> Contributor address; City; State; Zip Code Tyler, TX 75703	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Caine, Steve <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02138	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) software development		Employer (See Instructions) Self
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Callahan, Ruth <hr/> Contributor address; City; State; Zip Code Sun City, AZ 85351	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campbell, Cindy <hr/> Contributor address; City; State; Zip Code Southlake, TX 76092-5614	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 21/186 Rpt: 24/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campuzano, Sol-Angel <hr/> 6 Contributor address; City; State; Zip Code Sylmar, CA 91342	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Campuzano, Sol-Angel <hr/> Contributor address; City; State; Zip Code Sylmar, CA 91342	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carine, Cath <hr/> Contributor address; City; State; Zip Code Seattle, WA 98117	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carlin, Elliot <hr/> Contributor address; City; State; Zip Code Manhattan, NY 10010	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carnahan, Peggy <hr/> Contributor address; City; State; Zip Code Helotes, TX 78023	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Science Educator		Employer (See Instructions) Our Lady of the Lake Uni

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 22/186 Rpt: 25/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Carnahan, Peggy <hr/> 6 Contributor address; City; State; Zip Code Helotes, TX 78023	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Science Educator		9 Employer (See Instructions) Our Lady of the Lake Uni
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casseday, John <hr/> Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not employed
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Casseday, John <hr/> Contributor address; City; State; Zip Code Seattle, WA 98103	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Not employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cedillo, Roberta <hr/> Contributor address; City; State; Zip Code Denver, CO 80237	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, David <hr/> Contributor address; City; State; Zip Code Chicago, IL 60608	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 23/186 Rpt: 26/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chandler, David <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60608	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chew, Linda <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) State of Texas
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Chew, Linda <hr/> Contributor address; City; State; Zip Code El Paso, TX 79930	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) State of Texas
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childers, Mr Daniel A <hr/> Contributor address; City; State; Zip Code Chicago, IL 60637	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Bloomberg LP
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Childers, Mr Daniel A <hr/> Contributor address; City; State; Zip Code Chicago, IL 60637	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) Bloomberg LP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 24/186 Rpt: 27/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Lisa <hr/> 6 Contributor address; City; State; Zip Code Denver, CO 80220	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) US Dept of Agriculture
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Christian, Lisa <hr/> Contributor address; City; State; Zip Code Denver, CO 80220	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) US Dept of Agriculture
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Church, Gordon <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98033	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Church, Gordon <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98033	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Church, Gordon <hr/> Contributor address; City; State; Zip Code Kirkland, WA 98033	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 25/186 Rpt: 28/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Church, Gordon <hr/> 6 Contributor address; City; State; Zip Code Kirkland, WA 98033	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cipora, John <hr/> Contributor address; City; State; Zip Code Palmer, MA 01069	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Springfield College
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clemons, Kenny <hr/> Contributor address; City; State; Zip Code New Rochelle, NY 10804	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clemons, Kenny <hr/> Contributor address; City; State; Zip Code New Rochelle, NY 10804	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clifton, Charles <hr/> Contributor address; City; State; Zip Code Hadley, MA 01054	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 26/186 Rpt: 29/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Clifton, Charles <hr/> 6 Contributor address; City; State; Zip Code Hadley, MA 01054	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coats, Michelle <hr/> Contributor address; City; State; Zip Code Pacific Grove, CA 93950	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Coats, Michelle <hr/> Contributor address; City; State; Zip Code Pacific Grove, CA 93950	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Naomi <hr/> Contributor address; City; State; Zip Code Gap Mills, WV 24941	Amount of Contribution (\$) \$125.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Steven <hr/> Contributor address; City; State; Zip Code Prides Crossing, MA 01965	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 27/186 Rpt: 30/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cohen, Steven <hr/> 6 Contributor address; City; State; Zip Code Prides Crossing, MA 01965	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Combs, Veronica <hr/> Contributor address; City; State; Zip Code Floyds Knobs, IN 47119	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) HKA Marcom
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Combs, Veronica <hr/> Contributor address; City; State; Zip Code Floyds Knobs, IN 47119	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) HKA Marcom
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Conklin, Virginia <hr/> Contributor address; City; State; Zip Code Enola, PA 17025	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contardo, Joseph <hr/> Contributor address; City; State; Zip Code Denver, CO 80203	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 28/186 Rpt: 31/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contardo, Joseph 6 Contributor address; City; State; Zip Code Denver, CO 80203	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Contardo, Joseph Contributor address; City; State; Zip Code Denver, CO 80203	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Jane Contributor address; City; State; Zip Code Belvedere Tiburon, CA 94920	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cooper, Jane Contributor address; City; State; Zip Code Belvedere Tiburon, CA 94920	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Crews, Stephen Contributor address; City; State; Zip Code Banning, CA 92220	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 29/186 Rpt: 32/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy <hr/> 6 Contributor address; City; State; Zip Code Aurora, CO 80017	7 Amount of Contribution (\$) \$20.24
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy <hr/> Contributor address; City; State; Zip Code AURORA, CO 80017	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy <hr/> Contributor address; City; State; Zip Code Aurora, CO 80017	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy <hr/> Contributor address; City; State; Zip Code Aurora, CO 80017	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy <hr/> Contributor address; City; State; Zip Code Aurora, CO 80017	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 30/186 Rpt: 33/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy 6 Contributor address; City; State; Zip Code Aurora, CO 80017	7 Amount of Contribution (\$) \$20.24
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy Contributor address; City; State; Zip Code AURORA, CO 80017	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy Contributor address; City; State; Zip Code Aurora, CO 80017	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy Contributor address; City; State; Zip Code Aurora, CO 80017	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy Contributor address; City; State; Zip Code Aurora, CO 80017	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 31/186 Rpt: 34/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cruder, Peggy <hr/> 6 Contributor address; City; State; Zip Code Aurora, CO 80017	7 Amount of Contribution (\$) \$20.24
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) Retired
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Lynda <hr/> Contributor address; City; State; Zip Code Seaside, CA 93955	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Database Adminstration		Employer (See Instructions) Banner Health
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Cunningham, Lynda <hr/> Contributor address; City; State; Zip Code Seaside, CA 93955	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Database Adminstration		Employer (See Instructions) Banner Health
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauerty, Barbaral <hr/> Contributor address; City; State; Zip Code Universal City, TX 78148	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Physician associate		Employer (See Instructions) Nagel Community Clinic
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dauerty, Barbaral <hr/> Contributor address; City; State; Zip Code Universal City, TX 78148	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Physician associate		Employer (See Instructions) Nagel Community Clinic

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 32/186 Rpt: 35/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davey, Jeffrey <hr/> 6 Contributor address; City; State; Zip Code Jefferson, GA 30549	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) none
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davey, Jeffrey <hr/> Contributor address; City; State; Zip Code Jefferson, GA 30549	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Liliane <hr/> Contributor address; City; State; Zip Code Studio City, CA 91604	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davidson, Liliane <hr/> Contributor address; City; State; Zip Code Studio City, CA 91604	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Davis, Marisa <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90041	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Lighting Designer		Employer (See Instructions) CBS Studios

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 33/186 Rpt: 36/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DeFriesse, Gordon 6 Contributor address; City; State; Zip Code Raleigh, NC 27613	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) DiCarlo, James Contributor address; City; State; Zip Code San Francisco, CA 94111	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drummond, Pamela Contributor address; City; State; Zip Code Highlands, NC 28741	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Drummond, Pamela Contributor address; City; State; Zip Code Highlands, NC 28741	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Dykes, Russell Contributor address; City; State; Zip Code Spring, TX 77382	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 34/186 Rpt: 37/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddison, Jonathan <hr/> 6 Contributor address; City; State; Zip Code Pflugerville, TX 78660-2149	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eddison, Jonathan <hr/> Contributor address; City; State; Zip Code Pflugerville, TX 78660-2149	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Carol <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20906	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Carol <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20906	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Carol <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20906	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 35/186 Rpt: 38/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Edwards, Carol <hr/> 6 Contributor address; City; State; Zip Code Silver Spring, MD 20906	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehrenberg, Betsy <hr/> Contributor address; City; State; Zip Code Medford, MA 02155	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehrenberg, Betsy <hr/> Contributor address; City; State; Zip Code Medford, MA 02155	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehrenberg, Betsy <hr/> Contributor address; City; State; Zip Code Medford, MA 02155	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehrenberg, Betsy <hr/> Contributor address; City; State; Zip Code Medford, MA 02155	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 36/186 Rpt: 39/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehrenberg, Betsy <hr/> 6 Contributor address; City; State; Zip Code Medford, MA 02155	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehrenberg, Betsy <hr/> Contributor address; City; State; Zip Code Medford, MA 02155	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ehrenberg, Betsy <hr/> Contributor address; City; State; Zip Code Medford, MA 02155	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eisen, Cara <hr/> Contributor address; City; State; Zip Code New York, NY 10024	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) reading specialist		Employer (See Instructions) self
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Eisen, Cara <hr/> Contributor address; City; State; Zip Code New York, NY 10024	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) reading specialist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 37/186 Rpt: 40/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhardt, Helen <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11210	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) educator		9 Employer (See Instructions) none
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhardt, Helen <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11210	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhardt, Helen <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11210	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) educator		Employer (See Instructions) none
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhardt, Helen <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11210	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Engelhardt, Helen <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11210	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) educator		Employer (See Instructions) none

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 38/186 Rpt: 41/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estevez, Donna <hr/> 6 Contributor address; City; State; Zip Code BRADENTON, FL 34208	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estevez, Donna <hr/> Contributor address; City; State; Zip Code BRADENTON, FL 34208	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Estevez, Donna <hr/> Contributor address; City; State; Zip Code BRADENTON, FL 34208	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ettinger, Martin <hr/> Contributor address; City; State; Zip Code Canton, GA 30114	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAHRNER, MARILYN <hr/> Contributor address; City; State; Zip Code Santa Cruz, CA 95062	Amount of Contribution (\$) \$15.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 39/186 Rpt: 42/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) FAHRNER, MARILYN <hr/> 6 Contributor address; City; State; Zip Code Santa Cruz, CA 95062	7 Amount of Contribution (\$) \$15.24
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fanelli, Anne <hr/> Contributor address; City; State; Zip Code Glen Allen, VA 23060	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Faulhaber, Linda <hr/> Contributor address; City; State; Zip Code New York, NY 10024	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feder, Susan <hr/> Contributor address; City; State; Zip Code Irvington, NY 10533	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Program Officer		Employer (See Instructions) Mellon Foundation
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Feder, Susan <hr/> Contributor address; City; State; Zip Code Irvington, NY 10533	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Program Officer		Employer (See Instructions) Mellon Foundation

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 40/186 Rpt: 43/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferguson, Betsy <hr/> 6 Contributor address; City; State; Zip Code Exeter, NH 03833	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ferrer, Cynthia <hr/> Contributor address; City; State; Zip Code Dallas, TX 75219	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Accountant		Employer (See Instructions) Ferrer Poirot
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finner, Douglas <hr/> Contributor address; City; State; Zip Code Alexandria, NH 03222	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Elbit Systems of America
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Finner, Douglas <hr/> Contributor address; City; State; Zip Code Alexandria, NH 03222	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Programmer		Employer (See Instructions) Elbit Systems of America
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Firkus-Hicks, Julie <hr/> Contributor address; City; State; Zip Code Reno, NV 89506	Amount of Contribution (\$) \$25.25
Principal occupation / Job title (See Instructions) Disabled veteran		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: 41/186 Rpt: 44/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Firkus-Hicks, Julie <hr/> 6 Contributor address; City; State; Zip Code Reno, NV 89506	7 Amount of Contribution (\$) \$25.25
8 Principal occupation / Job title (See Instructions) Disabled veteran		9 Employer (See Instructions) Not Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Firkus-Hicks, Julie <hr/> Contributor address; City; State; Zip Code Reno, NV 89506	Amount of Contribution (\$) \$25.25
Principal occupation / Job title (See Instructions) Disabled veteran		Employer (See Instructions) Not Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fisher, Mary Sue <hr/> Contributor address; City; State; Zip Code Maplewood, NJ 07040	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Pilates trainer Not Employed		Employer (See Instructions) Not Employed
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, Kathleen <hr/> Contributor address; City; State; Zip Code Potsdam, NY 13676	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fitzgerald, Kathleen <hr/> Contributor address; City; State; Zip Code Potsdam, NY 13676	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 42/186 Rpt: 45/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flavan, Mary <hr/> 6 Contributor address; City; State; Zip Code Morro Bay, CA 93442	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Flavan, Mary <hr/> Contributor address; City; State; Zip Code Morro Bay, CA 93442	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forray, Jeanie <hr/> Contributor address; City; State; Zip Code Hadley, MA 01035	Amount of Contribution (\$) \$20.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Forray, Jeanie <hr/> Contributor address; City; State; Zip Code Hadley, MA 01035	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Lynda <hr/> Contributor address; City; State; Zip Code Saratoga, CA 95070	Amount of Contribution (\$) \$150.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 43/186 Rpt: 46/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fox, Lynda 6 Contributor address; City; State; Zip Code Saratoga, CA 95070	7 Amount of Contribution (\$) \$150.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frankel, Andrea Contributor address; City; State; Zip Code Nevada City, CA 95959	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frankel, Andrea Contributor address; City; State; Zip Code Nevada City, CA 95959	Amount of Contribution (\$) \$4.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frankel, Andrea Contributor address; City; State; Zip Code Nevada City, CA 95959	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frankel, Andrea Contributor address; City; State; Zip Code Nevada City, CA 95959	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 44/186 Rpt: 47/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frankel, Andrea <hr/> 6 Contributor address; City; State; Zip Code Nevada City, CA 95959	7 Amount of Contribution (\$) \$4.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frankel, Andrea <hr/> Contributor address; City; State; Zip Code Nevada City, CA 95959	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frankel, Andrea <hr/> Contributor address; City; State; Zip Code Nevada City, CA 95959	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeark, Kristine <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) psychologist		Employer (See Instructions) self
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freeark, Kristine <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48105	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) psychologist		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 45/186 Rpt: 48/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freise, Carol <hr/> 6 Contributor address; City; State; Zip Code SEATTLE, WA 98199	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freise, Carol <hr/> Contributor address; City; State; Zip Code SEATTLE, WA 98199	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Freise, Carol <hr/> Contributor address; City; State; Zip Code SEATTLE, WA 98199	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey, Patricia <hr/> Contributor address; City; State; Zip Code Atascadero, CA 93422	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Self
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Frey, Patricia <hr/> Contributor address; City; State; Zip Code Atascadero, CA 93422	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) RN		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 46/186 Rpt: 49/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Dawn <hr/> 6 Contributor address; City; State; Zip Code Howard Beach, NY 11414	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Technical Writer		9 Employer (See Instructions) D. E. Shaw Research
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Dawn <hr/> Contributor address; City; State; Zip Code Howard Beach, NY 11414	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) D. E. Shaw Research
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Dawn <hr/> Contributor address; City; State; Zip Code Howard Beach, NY 11414	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) D. E. Shaw Research
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Deb <hr/> Contributor address; City; State; Zip Code Easthampton, MA 01027	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Hugh <hr/> Contributor address; City; State; Zip Code El Prado, NM 87529	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Land development		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 47/186 Rpt: 50/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Friedman, Hugh <hr/> 6 Contributor address; City; State; Zip Code El Prado, NM 87529	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Land development		9 Employer (See Instructions) self
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fukushima, Eiichi <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87119	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) ABQMR
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Fukushima, Eiichi <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87119	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Scientist		Employer (See Instructions) ABQMR
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GOLDSTEIN, DENNIS <hr/> Contributor address; City; State; Zip Code NICEVILLE, FL 32578	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, GORDON <hr/> Contributor address; City; State; Zip Code TEXAS CITY, TX 77591	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 48/186 Rpt: 51/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, GORDON <hr/> 6 Contributor address; City; State; Zip Code TEXAS CITY, TX 77591	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, GORDON <hr/> Contributor address; City; State; Zip Code TEXAS CITY, TX 77591	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, GORDON <hr/> Contributor address; City; State; Zip Code TEXAS CITY, TX 77591	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GONZALEZ, GORDON <hr/> Contributor address; City; State; Zip Code TEXAS CITY, TX 77591	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) GRIZZARD, ROBERT <hr/> Contributor address; City; State; Zip Code Lakeland, FL 33803	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 49/186 Rpt: 52/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galinsky, David <hr/> 6 Contributor address; City; State; Zip Code Lower Merion, PA 19066	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Galinsky, David <hr/> Contributor address; City; State; Zip Code Lower Merion, PA 19066	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Peter <hr/> Contributor address; City; State; Zip Code Winslow, ME 04901	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Peter <hr/> Contributor address; City; State; Zip Code Winslow, ME 04901	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Peter <hr/> Contributor address; City; State; Zip Code Winslow, ME 04901	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 50/186 Rpt: 53/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Peter 6 Contributor address; City; State; Zip Code Winslow, ME 04901	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Peter Contributor address; City; State; Zip Code Winslow, ME 04901	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Garrett, Peter Contributor address; City; State; Zip Code Winslow, ME 04901	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gatwood, Rachel Contributor address; City; State; Zip Code Reston, VA 20191	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Cambium Assessment Inc.
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gatwood, Rachel Contributor address; City; State; Zip Code Reston, VA 20191	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Cambium Assessment Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 51/186 Rpt: 54/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gatwood, Rachel <hr/> 6 Contributor address; City; State; Zip Code Reston, VA 20191	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Technical Writer		9 Employer (See Instructions) Cambium Assessment Inc.
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gatwood, Rachel <hr/> Contributor address; City; State; Zip Code Reston, VA 20191	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Technical Writer		Employer (See Instructions) Cambium Assessment Inc.
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudet, Caroline <hr/> Contributor address; City; State; Zip Code Malden, MA 02148	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Medical Device Engineer		Employer (See Instructions) Boston Scientific Corporation
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gaudet, Caroline <hr/> Contributor address; City; State; Zip Code Malden, MA 02148	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Medical Device Engineer		Employer (See Instructions) Boston Scientific Corporation
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gelb, Daniel <hr/> Contributor address; City; State; Zip Code New York, NY 10025	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 52/186 Rpt: 55/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Albert R <hr/> 6 Contributor address; City; State; Zip Code Trumansburg, NY 14886	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) George, Albert R <hr/> Contributor address; City; State; Zip Code Trumansburg, NY 14886	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Georgevich, Meg <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Georgevich, Meg <hr/> Contributor address; City; State; Zip Code Deerfield, IL 60015	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Self
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Germano, Joseph <hr/> Contributor address; City; State; Zip Code BELLEVUE, WA 98006	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 53/186 Rpt: 56/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Germano, Joseph <hr/> 6 Contributor address; City; State; Zip Code BELLEVUE, WA 98006	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gershon, Vicki <hr/> Contributor address; City; State; Zip Code Gladwyne, PA 19035	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Self
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gershon, Vicki <hr/> Contributor address; City; State; Zip Code Gladwyne, PA 19035	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Self
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillaspy, Betsy <hr/> Contributor address; City; State; Zip Code Redmond, WA 98052-3852	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Gillaspy Rhode Faddis & Benn
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gillaspy, Betsy <hr/> Contributor address; City; State; Zip Code Redmond, WA 98052-3852	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Gillaspy Rhode Faddis & Benn

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 54/186 Rpt: 57/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Girard, Jeffrey <hr/> 6 Contributor address; City; State; Zip Code Elgin, IL 60124	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Girard, Jeffrey <hr/> Contributor address; City; State; Zip Code Elgin, IL 60124	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Giuffre, Frances <hr/> Contributor address; City; State; Zip Code Arlington, MA 02476	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Librarian		Employer (See Instructions) Retired
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goertner, Jo Ann <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20916	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Web Application Developer		Employer (See Instructions) CTIA The Wireless Association
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goertner, Jo Ann <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20916	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Web Application Developer		Employer (See Instructions) CTIA The Wireless Association

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 55/186 Rpt: 58/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Nancy <hr/> 6 Contributor address; City; State; Zip Code Los Angeles, CA 90066	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Nancy <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90066	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Nancy <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90066	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goldberg, Nancy <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90066	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gollhardt, Kurt <hr/> Contributor address; City; State; Zip Code Union City, CA 94587	Amount of Contribution (\$) \$7.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) CerTek Software Designs Inc.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 56/186 Rpt: 59/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gollhardt, Kurt <hr/> 6 Contributor address; City; State; Zip Code Union City, CA 94587	7 Amount of Contribution (\$) \$7.00
8 Principal occupation / Job title (See Instructions) Software Developer		9 Employer (See Instructions) CerTek Software Designs Inc.
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Goode, John <hr/> Contributor address; City; State; Zip Code Friendswood, TX 77546	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Charlene <hr/> Contributor address; City; State; Zip Code Aldie, VA 20105	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Charlene <hr/> Contributor address; City; State; Zip Code Aldie, VA 20105	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gordon, Charlene <hr/> Contributor address; City; State; Zip Code Aldie, VA 20105	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 57/186 Rpt: 60/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorman, William <hr/> 6 Contributor address; City; State; Zip Code Crozet, VA 22932-2905	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorman, William <hr/> Contributor address; City; State; Zip Code Crozet, VA 22932	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorman, William <hr/> Contributor address; City; State; Zip Code Crozet, VA 22932-2905	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorman, William <hr/> Contributor address; City; State; Zip Code Crozet, VA 22932	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorman, William <hr/> Contributor address; City; State; Zip Code Crozet, VA 22932	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		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: 58/186 Rpt: 61/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gorman, William <hr/> 6 Contributor address; City; State; Zip Code Crozet, VA 22932-2905	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grau, Peggy <hr/> Contributor address; City; State; Zip Code irvine, CA 92617	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grau, Peggy <hr/> Contributor address; City; State; Zip Code irvine, CA 92617	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grebanier, Alice <hr/> Contributor address; City; State; Zip Code Branchburg, NJ 08865	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grebanier, Alice <hr/> Contributor address; City; State; Zip Code Branchburg, NJ 08865	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 59/186 Rpt: 62/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Grebanier, Alice <hr/> 6 Contributor address; City; State; Zip Code Branchburg, NJ 08865	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, David <hr/> Contributor address; City; State; Zip Code City of Orange, NJ 07051	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Greene, Gretchen <hr/> Contributor address; City; State; Zip Code Gilroy, CA 95020	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Griffin, Keith <hr/> Contributor address; City; State; Zip Code Garnerville, NY 10923	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Project Leader		Employer (See Instructions) Mondelez International Inc
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Nancy <hr/> Contributor address; City; State; Zip Code New York, NY 10011	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 60/186 Rpt: 63/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gross, Nancy <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10011	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) none
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulick, Ann & David <hr/> Contributor address; City; State; Zip Code St. Louis, MO 63146	Amount of Contribution (\$) \$10.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulick, Ann & David <hr/> Contributor address; City; State; Zip Code St. Louis, MO 63146	Amount of Contribution (\$) \$10.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulin, Jamie <hr/> Contributor address; City; State; Zip Code Washington, DC 20024	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Federal		Employer (See Instructions) Federal
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulin, Jamie <hr/> Contributor address; City; State; Zip Code Washington, DC 20024	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Federal		Employer (See Instructions) Federal

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 61/186 Rpt: 64/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Gulin, Jamie <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20024	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Federal		9 Employer (See Instructions) Federal
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Guzman, Lauren <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76118	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) IT		Employer (See Instructions) GameStop Inc.
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Haffner, Marlene <hr/> Contributor address; City; State; Zip Code Rockville, MD 20852	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halasz, Franklin <hr/> Contributor address; City; State; Zip Code ALBUQUERQUE, NM 87109	Amount of Contribution (\$) \$22.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halasz, Franklin <hr/> Contributor address; City; State; Zip Code ALBUQUERQUE, NM 87109	Amount of Contribution (\$) \$22.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 62/186 Rpt: 65/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halko, Gabrielle <hr/> 6 Contributor address; City; State; Zip Code WEST CHESTER, PA 19380-5977	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) West Chester University
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Halko, Gabrielle <hr/> Contributor address; City; State; Zip Code WEST CHESTER, PA 19380-5977	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) West Chester University
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Christian <hr/> Contributor address; City; State; Zip Code Falmouth, KY 41040	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Data Scientist		Employer (See Instructions) 84.51 LLC
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Christian <hr/> Contributor address; City; State; Zip Code Falmouth, KY 41040	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Data Scientist		Employer (See Instructions) 84.51 LLC
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hamilton, Lee <hr/> Contributor address; City; State; Zip Code Manzanita, OR 97130	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 63/186 Rpt: 66/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Alexandra <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20001	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hampton, Alexandra <hr/> Contributor address; City; State; Zip Code Washington, DC 20001	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handley, Aysha <hr/> Contributor address; City; State; Zip Code Vallejo, CA 94592	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) PR		Employer (See Instructions) Upright Position Communications
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handley, Aysha <hr/> Contributor address; City; State; Zip Code Vallejo, CA 94592	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) PR		Employer (See Instructions) Upright Position Communications
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Handley, Aysha <hr/> Contributor address; City; State; Zip Code Vallejo, CA 94592	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) PR		Employer (See Instructions) Upright Position Communications

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 64/186 Rpt: 67/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanink, Peter <hr/> 6 Contributor address; City; State; Zip Code Long Beach, CA 90815	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Cal Poly Pomona
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanink, Peter <hr/> Contributor address; City; State; Zip Code Long Beach, CA 90815	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Cal Poly Pomona
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78727-6870	Amount of Contribution (\$) \$15.25
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) National Instruments
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hansen, Paul <hr/> Contributor address; City; State; Zip Code Austin, TX 78727-6870	Amount of Contribution (\$) \$15.25
Principal occupation / Job title (See Instructions) Software Engineer		Employer (See Instructions) National Instruments
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanway, Susan <hr/> Contributor address; City; State; Zip Code Babcock Ranch, FL 33982	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Therapist		Employer (See Instructions) Self

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 65/186 Rpt: 68/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hanway, Susan <hr/> 6 Contributor address; City; State; Zip Code Babcock Ranch, FL 33982	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Therapist		9 Employer (See Instructions) Self
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Carroll <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27603	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Carroll <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27603	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Claudia <hr/> Contributor address; City; State; Zip Code Roslindale, MA 02131	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Self
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Claudia <hr/> Contributor address; City; State; Zip Code Roslindale, MA 02131	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Social Worker		Employer (See Instructions) Self

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 66/186 Rpt: 69/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Guy <hr/> 6 Contributor address; City; State; Zip Code Los Altos, CA 94022-1649	7 Amount of Contribution (\$) \$62.50
8 Principal occupation / Job title (See Instructions) not employed		9 Employer (See Instructions) none
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Harris, Guy <hr/> Contributor address; City; State; Zip Code Los Altos, CA 94022-1649	Amount of Contribution (\$) \$62.50
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebblewhite, Mary <hr/> Contributor address; City; State; Zip Code Sandy Springs, GA 30328	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Dr. Mary Hrbblewhite
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebblewhite, Mary <hr/> Contributor address; City; State; Zip Code Sandy Springs, GA 30328	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Dr. Mary Hrbblewhite
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebblewhite, Mary <hr/> Contributor address; City; State; Zip Code Sandy Springs, GA 30328	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Dr. Mary Hrbblewhite

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 67/186 Rpt: 70/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebley, Sandi <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75230	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) RN LMSW		9 Employer (See Instructions) Faith Presbyterian Hospice
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebley, Sandi <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RN LMSW		Employer (See Instructions) Faith Presbyterian Hospice
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebley, Sandi <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RN LMSW		Employer (See Instructions) Faith Presbyterian Hospice
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hebley, Sandi <hr/> Contributor address; City; State; Zip Code Dallas, TX 75230	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) RN LMSW		Employer (See Instructions) Faith Presbyterian Hospice
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Henderson, Patricia <hr/> Contributor address; City; State; Zip Code Vancouver, WA 98684	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 68/186 Rpt: 71/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hertzmark, Ellen <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10033	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) statistician		9 Employer (See Instructions) harvard university
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hertzmark, Ellen <hr/> Contributor address; City; State; Zip Code New York, NY 10033	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) statistician		Employer (See Instructions) harvard university
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hestor, Sue C <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94110	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) self
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hilty, Mark <hr/> Contributor address; City; State; Zip Code Barrington, RI 02806	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) Not Employed
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hobbs, Ann <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20901	Amount of Contribution (\$) \$45.00
Principal occupation / Job title (See Instructions) Not Employed		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: 69/186 Rpt: 72/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hodges, Madelyn <hr/> 6 Contributor address; City; State; Zip Code Tomales, CA 94971	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Jennifer <hr/> Contributor address; City; State; Zip Code New York, NY 10065	Amount of Contribution (\$) \$200.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) Self-employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Joseph <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90041	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hoffman, Joseph <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90041	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollier, Dawn <hr/> Contributor address; City; State; Zip Code Venice, CA 90291	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Self		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 70/186 Rpt: 73/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hollier, Dawn <hr/> 6 Contributor address; City; State; Zip Code Venice, CA 90291	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Self		9 Employer (See Instructions) Self
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holtshouser, Sherrell <hr/> Contributor address; City; State; Zip Code West Hartford, CT 06110	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Holtshouser, Sherrell <hr/> Contributor address; City; State; Zip Code West Hartford, CT 06110	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooper, Helen <hr/> Contributor address; City; State; Zip Code Rumsey, CA 95679	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hooper, Helen <hr/> Contributor address; City; State; Zip Code Rumsey, CA 95679	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Farmer		Employer (See Instructions) Self

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 71/186 Rpt: 74/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Horvath, Cindy <hr/> 6 Contributor address; City; State; Zip Code Walnut Creek, CA 94595	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Houck, Marcia <hr/> Contributor address; City; State; Zip Code Houston, TX 77062	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hughes, Susan <hr/> Contributor address; City; State; Zip Code Incline Village, NV 89450	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hursh, Lydia H <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Hursh, Lydia H <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85718	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 72/186 Rpt: 75/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IORII, REGINA <hr/> 6 Contributor address; City; State; Zip Code Wilmington, DE 19808	7 Amount of Contribution (\$) \$20.24
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) IORII, REGINA <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19808	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Imperatore, Catherine <hr/> Contributor address; City; State; Zip Code Reston, VA 20191	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) ACTE
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Imperatore, Catherine <hr/> Contributor address; City; State; Zip Code Reston, VA 20191	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) ACTE
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Imperatore, Catherine <hr/> Contributor address; City; State; Zip Code Reston, VA 20191	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) ACTE

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 73/186 Rpt: 76/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ivey, Dana 6 Contributor address; City; State; Zip Code New York, NY 10024	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Kathryn Contributor address; City; State; Zip Code Chelan, WA 98816	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Kathryn Contributor address; City; State; Zip Code Chelan, WA 98816	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Kathryn Contributor address; City; State; Zip Code Chelan, WA 98816	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jacobs, Kathryn Contributor address; City; State; Zip Code Chelan, WA 98816	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 74/186 Rpt: 77/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamieson, Robert <hr/> 6 Contributor address; City; State; Zip Code Edmonds, WA 98020	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) IT Consultant		9 Employer (See Instructions) University of Washington
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jamieson, Robert <hr/> Contributor address; City; State; Zip Code Edmonds, WA 98020	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) IT Consultant		Employer (See Instructions) University of Washington
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jeannette, Mary <hr/> Contributor address; City; State; Zip Code Wilmington, DE 19806-2161	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jenkins, Avis <hr/> Contributor address; City; State; Zip Code Columbus, OH 43231	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe, Edward <hr/> Contributor address; City; State; Zip Code Bakersfield, CA 93306-2406	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 75/186 Rpt: 78/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Joe, Edward <hr/> 6 Contributor address; City; State; Zip Code Bakersfield, CA 93306-2406	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johns, Pam <hr/> Contributor address; City; State; Zip Code Athens, GA 30606	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gilda <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) NP		Employer (See Instructions) Ardmore peds
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gilda <hr/> Contributor address; City; State; Zip Code Phila, PA 19131	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Woodbury Pediatrics
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gilda <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) NP		Employer (See Instructions) Ardmore Peds

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 76/186 Rpt: 79/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gilda <hr/> 6 Contributor address; City; State; Zip Code Philadelphia, PA 19131	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) NP		9 Employer (See Instructions) Ardmore peds
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gilda <hr/> Contributor address; City; State; Zip Code Phila, PA 19131	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Nurse Practitioner		Employer (See Instructions) Woodbury Pediatrics
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gilda <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) NP		Employer (See Instructions) Ardmore Peds
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Gilda <hr/> Contributor address; City; State; Zip Code Philadelphia, PA 19131	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) NP		Employer (See Instructions) Ardmore peds
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Johnson, Joshua <hr/> Contributor address; City; State; Zip Code Canoga Park, CA 91304	Amount of Contribution (\$) \$1,000.00
Principal occupation / Job title (See Instructions) Composer		Employer (See Instructions) Joshua Johnson

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 77/186 Rpt: 80/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Mina <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11215	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Administrator		9 Employer (See Instructions) Old Stone House
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Mina <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11215	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Administrator		Employer (See Instructions) Old Stone House
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Scott <hr/> Contributor address; City; State; Zip Code Angel Fire, NM 87710	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) self
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Scott <hr/> Contributor address; City; State; Zip Code Angel Fire, NM 87710	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) self
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Wendy <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94131	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Design Manager		Employer (See Instructions) Almac Clinical Technologies

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 78/186 Rpt: 81/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Jones, Wendy <hr/> 6 Contributor address; City; State; Zip Code San Francisco, CA 94131	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Design Manager		9 Employer (See Instructions) Almac Clinical Technologies
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KNOX, MELBURN <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) satan
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) KNOX, MELBURN <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94118	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) sales		Employer (See Instructions) satan
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalb, Matthew <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Telecom Engineer		Employer (See Instructions) Verizon
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kalb, Matthew <hr/> Contributor address; City; State; Zip Code Chapel Hill, NC 27516	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Telecom Engineer		Employer (See Instructions) Verizon

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 79/186 Rpt: 82/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Karasic, Dave <hr/> 6 Contributor address; City; State; Zip Code Bedford, MA 01730	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Self
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufman, Allan <hr/> Contributor address; City; State; Zip Code Teaneck, NJ 07666	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Actuary		Employer (See Instructions) FTI Consulting
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufman, Allan <hr/> Contributor address; City; State; Zip Code Teaneck, NJ 07666	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Actuary		Employer (See Instructions) FTI Consulting
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufman, Donald <hr/> Contributor address; City; State; Zip Code Spokane, WA 99212	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufman, Linda <hr/> Contributor address; City; State; Zip Code Lexington, MA 02421	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 80/186 Rpt: 83/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kaufman, Linda <hr/> 6 Contributor address; City; State; Zip Code Lexington, MA 02421	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keiger, Darr <hr/> Contributor address; City; State; Zip Code Miami, FL 33131	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) American Airlines
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keiger, Darr <hr/> Contributor address; City; State; Zip Code Miami, FL 33131	Amount of Contribution (\$) \$59.00
Principal occupation / Job title (See Instructions) Pilot		Employer (See Instructions) American Airlines
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Keipert, Lisa <hr/> Contributor address; City; State; Zip Code Wilmette, IL 60091	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Litigation Assistant		Employer (See Instructions) Law Offices of R.F. Wittmeyer
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Constance <hr/> Contributor address; City; State; Zip Code Riverside, CA 92509	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 81/186 Rpt: 84/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Constance <hr/> 6 Contributor address; City; State; Zip Code Riverside, CA 92509	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kennedy, Constance <hr/> Contributor address; City; State; Zip Code Riverside, CA 92509	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killam, Adrian <hr/> Contributor address; City; State; Zip Code West Lake Hills, TX 78746	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Real estate		Employer (See Instructions) Self
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Killam, Adrian <hr/> Contributor address; City; State; Zip Code West Lake Hills, TX 78746	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Real estate		Employer (See Instructions) Self
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klein, Simon <hr/> Contributor address; City; State; Zip Code Elgin, IL 60120	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 82/186 Rpt: 85/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klemann, Marie <hr/> 6 Contributor address; City; State; Zip Code Naples, FL 34108	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klemann, Marie <hr/> Contributor address; City; State; Zip Code Naples, FL 34108	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Klemann, Marie <hr/> Contributor address; City; State; Zip Code Naples, FL 34108	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kogan, Robert <hr/> Contributor address; City; State; Zip Code BROOKLYN, NY 11218-1528	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kogel, Irina <hr/> Contributor address; City; State; Zip Code Boston, MA 02114	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Lecturer		Employer (See Instructions) Boston University

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 83/186 Rpt: 86/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/03/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kogel, Irina <hr/> 6 Contributor address; City; State; Zip Code Boston, MA 02114	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Lecturer		9 Employer (See Instructions) Boston University
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kovich, Sarah <hr/> Contributor address; City; State; Zip Code Dallas, TX 75229	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Owner		Employer (See Instructions) Rideshare2Vote LLC
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraft, Evan <hr/> Contributor address; City; State; Zip Code Wayne, NJ 07470	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) College Professor		Employer (See Instructions) American University
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraft, Evan <hr/> Contributor address; City; State; Zip Code Wayne, NJ 07470	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) College Professor		Employer (See Instructions) American University
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kraft, Evan <hr/> Contributor address; City; State; Zip Code Wayne, NJ 07470	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) College Professor		Employer (See Instructions) American University

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 84/186 Rpt: 87/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krause, Libby <hr/> 6 Contributor address; City; State; Zip Code Rockport, TX 78382	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Artist		9 Employer (See Instructions) Self
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krause, Libby <hr/> Contributor address; City; State; Zip Code Rockport, TX 78382	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Artist		Employer (See Instructions) Self
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Lynn <hr/> Contributor address; City; State; Zip Code Santa Cruz, CA 95065	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Lynn <hr/> Contributor address; City; State; Zip Code Santa Cruz, CA 95065	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Krueger, Lynn <hr/> Contributor address; City; State; Zip Code Santa Cruz, CA 95065	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		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: 85/186 Rpt: 88/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/22/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kuhn, Gordon <hr/> 6 Contributor address; City; State; Zip Code Okatie, SC 29909	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kutzko, Deborah <hr/> Contributor address; City; State; Zip Code Burlington, VT 05401	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Kutzko, Deborah <hr/> Contributor address; City; State; Zip Code Burlington, VT 05401	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laflin, Marjorie <hr/> Contributor address; City; State; Zip Code NORTH HILLS, CA 91343	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Travel Agent		Employer (See Instructions) Self
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamb, Barbara <hr/> Contributor address; City; State; Zip Code Langley, WA 98260	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		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: 86/186 Rpt: 89/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamb, Barbara 6 Contributor address; City; State; Zip Code Langley, WA 98260	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lamb, Barbara Contributor address; City; State; Zip Code Langley, WA 98260	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langari, Reza Contributor address; City; State; Zip Code College Station, TX 77841-2977	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) TAMU
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langari, Reza Contributor address; City; State; Zip Code College Station, TX 77841-2977	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) TAMU
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langari, Reza Contributor address; City; State; Zip Code College Station, TX 77841-2977	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) TAMU

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 87/186 Rpt: 90/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Langman, Claudia <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60647	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Real Estate		9 Employer (See Instructions) Self
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larson, Judith <hr/> Contributor address; City; State; Zip Code New Canaan, CT 06840	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) designer		Employer (See Instructions) self
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Larson, Judith <hr/> Contributor address; City; State; Zip Code New Canaan, CT 06840	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) designer		Employer (See Instructions) self
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laskey, Kathryn <hr/> Contributor address; City; State; Zip Code Reston, VA 20191	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Professor Emerita		Employer (See Instructions) George Mason University
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Laskey, Kathryn <hr/> Contributor address; City; State; Zip Code Reston, VA 20191	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Professor Emerita		Employer (See Instructions) George Mason University

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 88/186 Rpt: 91/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lawless, Elizabeth <hr/> 6 Contributor address; City; State; Zip Code Columbus, OH 43212	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Pet sitter		9 Employer (See Instructions) Se
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazerus, Judi <hr/> Contributor address; City; State; Zip Code Garland, TX 75040	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Analyst		Employer (See Instructions) Venture Solutions
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lazerus, Judi <hr/> Contributor address; City; State; Zip Code Garland, TX 75040	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Business Analyst		Employer (See Instructions) Venture Solutions
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leake, David <hr/> Contributor address; City; State; Zip Code Kaneohe, HI 96744	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UH Center on Disability Studies
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Leake, David <hr/> Contributor address; City; State; Zip Code Kaneohe, HI 96744	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) UH Center on Disability Studies

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 89/186 Rpt: 92/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemaire, Dawna <hr/> 6 Contributor address; City; State; Zip Code Pennington, NJ 08534	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemaire, Dawna <hr/> Contributor address; City; State; Zip Code Pennington, NJ 08534	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemaire, Dawna <hr/> Contributor address; City; State; Zip Code Pennington, NJ 08534	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lemon, David <hr/> Contributor address; City; State; Zip Code Madera, CA 93636-8025	Amount of Contribution (\$) \$22.22
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lerner, Corrine <hr/> Contributor address; City; State; Zip Code Pleasant Hill, CA 94523	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) manager		Employer (See Instructions) VZW

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 90/186 Rpt: 93/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesser, Margo 6 Contributor address; City; State; Zip Code Bloomfield Hills, MI 48304	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lesser, Margo Contributor address; City; State; Zip Code Bloomfield Hills, MI 48304	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, David Contributor address; City; State; Zip Code Annandale, VA 22003	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, David Contributor address; City; State; Zip Code Annandale, VA 22003	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, David Contributor address; City; State; Zip Code Annandale, VA 22003	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 91/186 Rpt: 94/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Madelon <hr/> 6 Contributor address; City; State; Zip Code Portland, OR 97202	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) none
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lewis, Madelon <hr/> Contributor address; City; State; Zip Code Portland, OR 97202	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) none
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lexton, Lauren <hr/> Contributor address; City; State; Zip Code Encino, CA 91436	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lexton, Lauren <hr/> Contributor address; City; State; Zip Code Encino, CA 91436	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lexton, Lauren <hr/> Contributor address; City; State; Zip Code Encino, CA 91436	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 92/186 Rpt: 95/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lieberman, Robert <hr/> 6 Contributor address; City; State; Zip Code South Euclid, OH 44121	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lieberman, Robert <hr/> Contributor address; City; State; Zip Code South Euclid, OH 44121	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindenberger, Stewart <hr/> Contributor address; City; State; Zip Code Skillman, NJ 08558-2436	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindner, Judith <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45227	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) data entry clerk		Employer (See Instructions) Freestore Foodbank
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindner, Judith <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45227	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) data entry clerk		Employer (See Instructions) Freestore Foodbank

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 93/186 Rpt: 96/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lindstrom, Lori <hr/> 6 Contributor address; City; State; Zip Code Temecula, CA 92592	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Little, William <hr/> Contributor address; City; State; Zip Code Chicago, IL 60660	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Little, William <hr/> Contributor address; City; State; Zip Code Chicago, IL 60660	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Little, William <hr/> Contributor address; City; State; Zip Code Chicago, IL 60660	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Love, Kathleen <hr/> Contributor address; City; State; Zip Code Dallas, TX 75218	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 94/186 Rpt: 97/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Virginia <hr/> 6 Contributor address; City; State; Zip Code New Orleans, LA 70119	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Virginia <hr/> Contributor address; City; State; Zip Code New Orleans, LA 70119	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowery, Virginia <hr/> Contributor address; City; State; Zip Code New Orleans, LA 70119	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry, Sally <hr/> Contributor address; City; State; Zip Code Henderson, NV 89011	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lowry, Sally <hr/> Contributor address; City; State; Zip Code Henderson, NV 89011	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 95/186 Rpt: 98/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luksenburg, Lillian <hr/> 6 Contributor address; City; State; Zip Code Silver Spring, MD 20902	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Professor		9 Employer (See Instructions) Univ. of Maryland
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luksenburg, Lillian <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20902	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Univ. of Maryland
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Luksenburg, Lillian <hr/> Contributor address; City; State; Zip Code Silver Spring, MD 20902	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Univ. of Maryland
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyman, Alice <hr/> Contributor address; City; State; Zip Code Corvallis, OR 97330	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyman, Alice <hr/> Contributor address; City; State; Zip Code Corvallis, OR 97330	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		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: 96/186 Rpt: 99/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lyman, Alice <hr/> 6 Contributor address; City; State; Zip Code Corvallis, OR 97330	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lytle, Steven <hr/> Contributor address; City; State; Zip Code Urbandale, IA 50322	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lytle, Steven <hr/> Contributor address; City; State; Zip Code Urbandale, IA 50322	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Lytle, Steven <hr/> Contributor address; City; State; Zip Code Urbandale, IA 50322	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) M I KKESEN, FLORIS <hr/> Contributor address; City; State; Zip Code Seattle, WA 98119	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) Retired

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 97/186 Rpt: 100/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MCBRIDE-MARTIN, PARRIS P <hr/> 6 Contributor address; City; State; Zip Code Santa Fe, NM 87501	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Personal assistant		9 Employer (See Instructions) Fevre River Packet Co.
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORGAN, GEORGIA <hr/> Contributor address; City; State; Zip Code BRATTLEBORO, VT 05301	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MORGAN, GEORGIA <hr/> Contributor address; City; State; Zip Code BRATTLEBORO, VT 05301	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) MacDougall, Robert <hr/> Contributor address; City; State; Zip Code Washington, DC 20015	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Paticia <hr/> Contributor address; City; State; Zip Code New York, NY 10033	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 98/186 Rpt: 101/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Patricia 6 Contributor address; City; State; Zip Code New York, NY 10033	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Patricia Contributor address; City; State; Zip Code New York, NY 10033	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Patricia Contributor address; City; State; Zip Code NY, NY 10033	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Patricia Contributor address; City; State; Zip Code New York, NY 10033	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Patricia Contributor address; City; State; Zip Code New York, NJ 10033	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 99/186 Rpt: 102/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Patricia 6 Contributor address; City; State; Zip Code New York, NY 10033	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Patricia Contributor address; City; State; Zip Code NY, NY 10033	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Patricia Contributor address; City; State; Zip Code New York, NY 10033	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Patricia Contributor address; City; State; Zip Code New York, NJ 10033	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maldonado, Patricia Contributor address; City; State; Zip Code New York, NY 10033	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 100/186 Rpt: 103/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malik, Laurie <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94707	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallory, Douglas <hr/> Contributor address; City; State; Zip Code Levittown, NY 11756	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mallory, Douglas <hr/> Contributor address; City; State; Zip Code Levittown, NY 11756	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malnar, Mary <hr/> Contributor address; City; State; Zip Code Plainfield, IL 60544	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Jeffrey <hr/> Contributor address; City; State; Zip Code Ben Lomond, CA 95005-9217	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) spiritual teacher		Employer (See Instructions) self

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 101/186 Rpt: 104/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malone, Jeffrey <hr/> 6 Contributor address; City; State; Zip Code Ben Lomond, CA 95005-9217	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) spiritual teacher		9 Employer (See Instructions) self
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malven, Tania J. <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85719	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Malven, Tania J. <hr/> Contributor address; City; State; Zip Code Tucson, AZ 85719	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maples, Ben <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76135	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) auto mechanic		Employer (See Instructions) Myself
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maples, Ben <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76135	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) auto mechanic		Employer (See Instructions) Myself

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 102/186 Rpt: 105/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Marlowe, Thomas <hr/> 6 Contributor address; City; State; Zip Code Rahway, NJ 07065	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Professor Emeritus		9 Employer (See Instructions) Seton Hall University
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Randi <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Rice University
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Randi <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Rice University
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Martin, Randi <hr/> Contributor address; City; State; Zip Code Houston, TX 77021	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Professor		Employer (See Instructions) Rice University
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maruca, Sam <hr/> Contributor address; City; State; Zip Code Washington, DC 20008	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Lawyer		Employer (See Instructions) Covington & Burling LLP

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 103/186 Rpt: 106/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maruca, Sam <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20008	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Lawyer		9 Employer (See Instructions) Covington & Burling LLP
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maschal, Alberta <hr/> Contributor address; City; State; Zip Code Colonial Beach, VA 22443	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Majestic Builders Corp.
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Maschal, Alberta <hr/> Contributor address; City; State; Zip Code Colonial Beach, VA 22443	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Executive Assistant		Employer (See Instructions) Majestic Builders Corp.
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Sally D. <hr/> Contributor address; City; State; Zip Code Williamsburg, VA 23188	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mason, Sally D. <hr/> Contributor address; City; State; Zip Code Williamsburg, VA 23188	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 104/186 Rpt: 107/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Leah <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75248-4050	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Leah <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248-4050	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Norman <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15212	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) May, Norman <hr/> Contributor address; City; State; Zip Code Pittsburgh, PA 15212	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAnelly, Elaine <hr/> Contributor address; City; State; Zip Code Cypress, TX 77433	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 105/186 Rpt: 108/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McAnelly, Elaine <hr/> 6 Contributor address; City; State; Zip Code Cypress, TX 77433	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McBride, Jonathan <hr/> Contributor address; City; State; Zip Code Chevy Chase, MD 20815	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCloskey, Helen <hr/> Contributor address; City; State; Zip Code Rumsey, CA 95679	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McCloskey, Helen <hr/> Contributor address; City; State; Zip Code Rumsey, CA 95679	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> Contributor address; City; State; Zip Code Washington, DC 20008	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 106/186 Rpt: 109/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> 6 Contributor address; City; State; Zip Code Washington, DC 20008	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> Contributor address; City; State; Zip Code Washington, DC 20008	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McDonald, Susan <hr/> Contributor address; City; State; Zip Code Washington, DC 20008	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McEnany, Abby <hr/> Contributor address; City; State; Zip Code New York, NY 10003	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 107/186 Rpt: 110/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy 6 Contributor address; City; State; Zip Code Dallas, TX 75248	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Self
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 108/186 Rpt: 111/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75248	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Self
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 109/186 Rpt: 112/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy <hr/> 6 Contributor address; City; State; Zip Code Dallas, TX 75248	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Psychologist		9 Employer (See Instructions) Self
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McGarrahan, Andy <hr/> Contributor address; City; State; Zip Code Dallas, TX 75248	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) Psychologist		Employer (See Instructions) Self
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLure, Nancy <hr/> Contributor address; City; State; Zip Code Westborough, MA 01581	Amount of Contribution (\$) \$10.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McLure, Nancy <hr/> Contributor address; City; State; Zip Code Westborough, MA 01581	Amount of Contribution (\$) \$10.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Lance <hr/> Contributor address; City; State; Zip Code Orangevale, CA 95662	Amount of Contribution (\$) \$2.00
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) State of California

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 110/186 Rpt: 113/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) McMahan, Lance <hr/> 6 Contributor address; City; State; Zip Code Orangevale, CA 95662	7 Amount of Contribution (\$) \$2.00
8 Principal occupation / Job title (See Instructions) Engineer		9 Employer (See Instructions) State of California
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menefee, Bruce <hr/> Contributor address; City; State; Zip Code BURBANK, CA 91505	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Menefee, Bruce <hr/> Contributor address; City; State; Zip Code BURBANK, CA 91505	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meredith, Vicki <hr/> Contributor address; City; State; Zip Code Bothell, WA 98012	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meredith, Vicki <hr/> Contributor address; City; State; Zip Code Bothell, WA 98012	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		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: 111/186 Rpt: 114/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Marjorie <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77055	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Marjorie <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Meyer, Marjorie <hr/> Contributor address; City; State; Zip Code Houston, TX 77055	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milgrom, Paula <hr/> Contributor address; City; State; Zip Code Waterford, MI 48327	Amount of Contribution (\$) \$50.25
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milgrom, Paula <hr/> Contributor address; City; State; Zip Code Waterford, MI 48327	Amount of Contribution (\$) \$50.25
Principal occupation / Job title (See Instructions) Not Employed		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: 112/186 Rpt: 115/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Barbara 6 Contributor address; City; State; Zip Code Union City, CA 94587	7 Amount of Contribution (\$) \$40.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Cara Contributor address; City; State; Zip Code Los Angeles, CA 90048	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Cara Contributor address; City; State; Zip Code Los Angeles, CA 90048	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Miller, Tanya Contributor address; City; State; Zip Code Redwood City, CA 94063-1029	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milne, Cynthia Contributor address; City; State; Zip Code Austin, TX 78704	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 113/186 Rpt: 116/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Milne, Cynthia <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78704	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minsuk, Sharon <hr/> Contributor address; City; State; Zip Code Belmont, CA 94002	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minsuk, Sharon <hr/> Contributor address; City; State; Zip Code Belmont, CA 94002	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Minsuk, Sharon <hr/> Contributor address; City; State; Zip Code Belmont, CA 94002	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Molini, Lynne <hr/> Contributor address; City; State; Zip Code Sparks, NV 89434	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		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: 114/186 Rpt: 117/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, Jan 6 Contributor address; City; State; Zip Code Claremont, CA 91711	7 Amount of Contribution (\$) \$14.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Montgomery, Jan Contributor address; City; State; Zip Code Claremont, CA 91711	Amount of Contribution (\$) \$14.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Judith Contributor address; City; State; Zip Code Henderson, NV 89011	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Judith Contributor address; City; State; Zip Code Henderson, NV 89011	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Judith Contributor address; City; State; Zip Code Henderson, NV 89011	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 115/186 Rpt: 118/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/25/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Mary <hr/> 6 Contributor address; City; State; Zip Code Brooklyn, NY 11215	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morris, Mary <hr/> Contributor address; City; State; Zip Code Brooklyn, NY 11215	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Morrow, Teresa <hr/> Contributor address; City; State; Zip Code Macon, GA 31220	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Vocational Rehabilitation Counselor		Employer (See Instructions) Anthem/Elevance Health
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mortensen, Karen <hr/> Contributor address; City; State; Zip Code Fairfax, VA 22030	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Writer		Employer (See Instructions) Self-employed
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moulton, Sharon <hr/> Contributor address; City; State; Zip Code LEEDS, MA 01053	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 116/186 Rpt: 119/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Moulton, Sharon <hr/> 6 Contributor address; City; State; Zip Code LEEDS, MA 01053	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Mountford, Mollie <hr/> Contributor address; City; State; Zip Code Concord, CA 94518	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murdock, Gail <hr/> Contributor address; City; State; Zip Code WASHINGTON, DC 20017	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murdock, Gail <hr/> Contributor address; City; State; Zip Code WASHINGTON, DC 20017	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murdock, Gail <hr/> Contributor address; City; State; Zip Code WASHINGTON, DC 20017	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 117/186 Rpt: 120/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Murray Fimbel, Marianne <hr/> 6 Contributor address; City; State; Zip Code Lambertville, NJ 08530	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nadeau, Bart <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94131-3238	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nadeau, Bart <hr/> Contributor address; City; State; Zip Code San Francisco, CA 94131-3238	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nerken, Ruth <hr/> Contributor address; City; State; Zip Code New York, NY 10023	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nerken, Ruth <hr/> Contributor address; City; State; Zip Code New York, NY 10023	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 118/186 Rpt: 121/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholls, Rosalie <hr/> 6 Contributor address; City; State; Zip Code Austin, TX 78748	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nicholls, Rosalie <hr/> Contributor address; City; State; Zip Code Austin, TX 78748	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nolan, Lawrence <hr/> Contributor address; City; State; Zip Code Saint Louis, MO 63105	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Novak-Johnson, Mary <hr/> Contributor address; City; State; Zip Code Aledo, TX 76008	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noyes, James <hr/> Contributor address; City; State; Zip Code Hilton Head Island, SC 29928	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 119/186 Rpt: 122/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noyes, James <hr/> 6 Contributor address; City; State; Zip Code Hilton Head Island, SC 29928	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Noyes, James <hr/> Contributor address; City; State; Zip Code Hilton Head Island, SC 29928	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nye, Julie <hr/> Contributor address; City; State; Zip Code Rougemont, NC 27572-6500	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Nye, Julie <hr/> Contributor address; City; State; Zip Code Rougemont, NC 27572-6500	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O Pray, Lynette <hr/> Contributor address; City; State; Zip Code Minneapolis, MN 55406	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 120/186 Rpt: 123/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O Pray, Lynette <hr/> 6 Contributor address; City; State; Zip Code Minneapolis, MN 55406	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oelsner, Leslie <hr/> Contributor address; City; State; Zip Code Fayetteville, AR 72701	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) social worker		Employer (See Instructions) self
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Oelsner, Leslie <hr/> Contributor address; City; State; Zip Code Fayetteville, AR 72701	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) social worker		Employer (See Instructions) self
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborn, Michael <hr/> Contributor address; City; State; Zip Code Memphis, TN 38111	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborn, Michael <hr/> Contributor address; City; State; Zip Code Memphis, TN 38111	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		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: 121/186 Rpt: 124/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Osborn, Michael <hr/> 6 Contributor address; City; State; Zip Code Memphis, TN 38111	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Otoshi, John <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Otoshi, John <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) O'Brien, Louise <hr/> Contributor address; City; State; Zip Code Newton, MA 02460	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palka, John <hr/> Contributor address; City; State; Zip Code Maple Grove, MN 55369	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 122/186 Rpt: 125/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Palka, John <hr/> 6 Contributor address; City; State; Zip Code Maple Grove, MN 55369	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parr, James <hr/> Contributor address; City; State; Zip Code Bloomington, IL 61701	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parr, James <hr/> Contributor address; City; State; Zip Code Bloomington, IL 61701	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parr, James <hr/> Contributor address; City; State; Zip Code Bloomington, IL 61701	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Parr, James <hr/> Contributor address; City; State; Zip Code Bloomington, IL 61701	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		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: 123/186 Rpt: 126/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pastin, Susan <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60626-2656	7 Amount of Contribution (\$) \$8.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pastin, Susan <hr/> Contributor address; City; State; Zip Code Chicago, IL 60626-2656	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pastin, Susan <hr/> Contributor address; City; State; Zip Code Chicago, IL 60626-2656	Amount of Contribution (\$) \$8.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Judith <hr/> Contributor address; City; State; Zip Code Somerdale, NJ 08083	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patterson, Judith <hr/> Contributor address; City; State; Zip Code Somerdale, NJ 08083	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 124/186 Rpt: 127/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Andrew <hr/> 6 Contributor address; City; State; Zip Code Columbus, OH 43202	7 Amount of Contribution (\$) \$25.25
8 Principal occupation / Job title (See Instructions) Controller		9 Employer (See Instructions) NexTech Materials Ltd.
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Patton, Andrew <hr/> Contributor address; City; State; Zip Code Columbus, OH 43202	Amount of Contribution (\$) \$25.25
Principal occupation / Job title (See Instructions) Controller		Employer (See Instructions) NexTech Materials Ltd.
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Paul, Kathy <hr/> Contributor address; City; State; Zip Code MOUNTAIN VIEW, CA 94043	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Payton, Marick <hr/> Contributor address; City; State; Zip Code San Jose, CA 95128-1102	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) not employed		Employer (See Instructions) none
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perlman, Lee <hr/> Contributor address; City; State; Zip Code Carlisle, MA 01741	Amount of Contribution (\$) \$20.25
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) MIT

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 125/186 Rpt: 128/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Perlman, Lee <hr/> 6 Contributor address; City; State; Zip Code Carlisle, MA 01741	7 Amount of Contribution (\$) \$20.25
8 Principal occupation / Job title (See Instructions) teacher		9 Employer (See Instructions) MIT
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peters, Beverly <hr/> Contributor address; City; State; Zip Code Garland, TX 75043	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Peters, Beverly <hr/> Contributor address; City; State; Zip Code Garland, TX 75043	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pettegrew, Barbara <hr/> Contributor address; City; State; Zip Code Powell, OH 43065	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Picinini, Silvio <hr/> Contributor address; City; State; Zip Code Mountain House, CA 95391	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Nlp		Employer (See Instructions) eBay

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 126/186 Rpt: 129/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Picinini, Silvio <hr/> 6 Contributor address; City; State; Zip Code Mountain House, CA 95391	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Nlp		9 Employer (See Instructions) eBay
Date 11/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pien, Edward <hr/> Contributor address; City; State; Zip Code Washington, DC 20016	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medical Doctor		Employer (See Instructions) Medstar Georgetown University Hospital
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pien, Edward <hr/> Contributor address; City; State; Zip Code Washington, DC 20016	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Medical Doctor		Employer (See Instructions) Medstar Georgetown University Hospital
Date 10/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pique, Lynn <hr/> Contributor address; City; State; Zip Code Redwood City, CA 94063	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pond, Tim <hr/> Contributor address; City; State; Zip Code Half Moon Bay, CA 94019-1832	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 127/186 Rpt: 130/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pond, Tim 6 Contributor address; City; State; Zip Code Half Moon Bay, CA 94019-1832	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Designer		9 Employer (See Instructions) Self
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pond, Tim Contributor address; City; State; Zip Code Half Moon Bay, CA 94019-1832	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Larry Contributor address; City; State; Zip Code White Plains, NY 10607	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Larry Contributor address; City; State; Zip Code White Plains, NY 10607	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Price, Larry Contributor address; City; State; Zip Code White Plains, NY 10607	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		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: 128/186 Rpt: 131/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/21/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purdue, Lynette 6 Contributor address; City; State; Zip Code knoxville, TN 37920	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/21/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Purdue, Lynette Contributor address; City; State; Zip Code knoxville, TN 37920	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pyle, David Contributor address; City; State; Zip Code Kensington, CA 94708	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Pyle, David Contributor address; City; State; Zip Code Kensington, CA 94708	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radue, Roger Contributor address; City; State; Zip Code MARTINSVILLE, IN 46151	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Radue, Roger <hr/> 6 Contributor address; City; State; Zip Code MARTINSVILLE, IN 46151	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rapp, Rayna <hr/> Contributor address; City; State; Zip Code New York, NY 10011	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) college professor		Employer (See Instructions) NYU
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rapp, Rayna <hr/> Contributor address; City; State; Zip Code New York, NY 10011	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) college professor		Employer (See Instructions) NYU
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rapp, Rayna <hr/> Contributor address; City; State; Zip Code New York, NY 10011	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) college professor		Employer (See Instructions) NYU
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rattigan, Peter <hr/> Contributor address; City; State; Zip Code Pitman, NJ 08071	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Asst. Professor		Employer (See Instructions) Rowan University

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 130/186 Rpt: 133/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rattigan, Peter <hr/> 6 Contributor address; City; State; Zip Code Pitman, NJ 08071	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Asst. Professor		9 Employer (See Instructions) Rowan University
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rattigan, Peter <hr/> Contributor address; City; State; Zip Code Pitman, NJ 08071	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Asst. Professor		Employer (See Instructions) Rowan University
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rattigan, Peter <hr/> Contributor address; City; State; Zip Code Pitman, NJ 08071	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Asst. Professor		Employer (See Instructions) Rowan University
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Bonnie <hr/> Contributor address; City; State; Zip Code Woolwich, ME 04579	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Bonnie <hr/> Contributor address; City; State; Zip Code Woolwich, ME 04579	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 131/186 Rpt: 134/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Bonnie <hr/> 6 Contributor address; City; State; Zip Code Woolwich, ME 04579	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Designer		9 Employer (See Instructions) Self
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Bonnie <hr/> Contributor address; City; State; Zip Code Woolwich, ME 04579	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Raymond, Bonnie <hr/> Contributor address; City; State; Zip Code Woolwich, ME 04579	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Designer		Employer (See Instructions) Self
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Read, Stephanie <hr/> Contributor address; City; State; Zip Code Seattle, WA 98125	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) violin teacher		Employer (See Instructions) self
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reichert Zachary, Madeleine <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78231	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Dr. Of Mental Health		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 132/186 Rpt: 135/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rerecich, Robert <hr/> 6 Contributor address; City; State; Zip Code Alexandria, VA 22312	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Catherine <hr/> Contributor address; City; State; Zip Code Austin, TX 78751	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Curt <hr/> Contributor address; City; State; Zip Code Cleveland Heights, OH 44106	Amount of Contribution (\$) \$100.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Reynolds, Curt <hr/> Contributor address; City; State; Zip Code Cleveland Heights, OH 44106	Amount of Contribution (\$) \$100.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhorer, Alexis <hr/> Contributor address; City; State; Zip Code Oakland, CA 94618	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Squaretrade Inc.

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 133/186 Rpt: 136/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhorer, Alexis 6 Contributor address; City; State; Zip Code Oakland, CA 94618	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Squaretrade Inc.
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhorer, Alexis Contributor address; City; State; Zip Code Oakland, CA 94618	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Squaretrade Inc.
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhorer, Alexis Contributor address; City; State; Zip Code Oakland, CA 94618	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Squaretrade Inc.
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rhorer, Alexis Contributor address; City; State; Zip Code Oakland, CA 94618	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Squaretrade Inc.
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ribbens, Kim Contributor address; City; State; Zip Code Savannah, GA 31406	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) LMT		Employer (See Instructions) Kim Ribbens

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 134/186 Rpt: 137/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richards, Travis <hr/> 6 Contributor address; City; State; Zip Code Oakland, CA 94618	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) City Planner		9 Employer (See Instructions) City of San Francisco
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, William <hr/> Contributor address; City; State; Zip Code San Anselmo, CA 94960	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, William <hr/> Contributor address; City; State; Zip Code Mill Valley, CA 94941	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, William <hr/> Contributor address; City; State; Zip Code San Anselmo, CA 94960	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Richardson, William <hr/> Contributor address; City; State; Zip Code Mill Valley, CA 94941	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 135/186 Rpt: 138/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rigik, Charleth <hr/> 6 Contributor address; City; State; Zip Code Forest Grove, OR 97116	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rigik, Charleth <hr/> Contributor address; City; State; Zip Code Forest Grove, OR 97116	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ripps, Amy <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27612	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ripps, Amy <hr/> Contributor address; City; State; Zip Code Raleigh, NC 27612	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Robinson, Barrett <hr/> Contributor address; City; State; Zip Code West Lafayette, IN 47996	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 136/186 Rpt: 139/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodén, Nicholas 6 Contributor address; City; State; Zip Code Scotch Plains, NJ 07076	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Toxicologist		9 Employer (See Instructions) IES Engineers
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodén, Nicholas Contributor address; City; State; Zip Code Scotch Plains, NJ 07076	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Toxicologist		Employer (See Instructions) IES Engineers
Date 11/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Janice Contributor address; City; State; Zip Code Chicago, IL 60614	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Quarles & Brady LLP
Date 12/26/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rodgers, Janice Contributor address; City; State; Zip Code Chicago, IL 60614	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Attorney		Employer (See Instructions) Quarles & Brady LLP
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogen, Laurie Contributor address; City; State; Zip Code Floral Park, NY 11005	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 137/186 Rpt: 140/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/20/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rogen, Laurie <hr/> 6 Contributor address; City; State; Zip Code Floral Park, NY 11005	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romans, Susan <hr/> Contributor address; City; State; Zip Code Stowe, VT 05672	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Romans, Susan <hr/> Contributor address; City; State; Zip Code Stowe, VT 05672	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rooker, Vicki <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89169	Amount of Contribution (\$) \$20.23
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rooker, Vicki <hr/> Contributor address; City; State; Zip Code Las Vegas, NV 89169	Amount of Contribution (\$) \$20.23
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/23/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenblatt, Jessica <hr/> 6 Contributor address; City; State; Zip Code Cambridge, MA 02139	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Media Designer		9 Employer (See Instructions) self
Date 12/23/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenblatt, Jessica <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02139	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Media Designer		Employer (See Instructions) self
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenblum, Barri <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94705	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Consultant/Owner		Employer (See Instructions) Big Ideas
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rosenthal, Leeann <hr/> Contributor address; City; State; Zip Code Fort Worth, TX 76135	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Ross, Marcia <hr/> Contributor address; City; State; Zip Code Chicago, IL 60611	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 139/186 Rpt: 142/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothstein, Tracy <hr/> 6 Contributor address; City; State; Zip Code Santa rosa beach, FL 32459	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rothstein, Tracy <hr/> Contributor address; City; State; Zip Code Santa rosa beach, FL 32459	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Royce, Michael <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) TV Writer/Producer		Employer (See Instructions) Snowpants Productions
Date 11/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Royce, Michael <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) TV Writer/Producer		Employer (See Instructions) Snowpants Productions
Date 12/29/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Royce, Michael <hr/> Contributor address; City; State; Zip Code Los Angeles, CA 90064	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) TV Writer/Producer		Employer (See Instructions) Snowpants Productions

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 140/186 Rpt: 143/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rubin, Marion <hr/> 6 Contributor address; City; State; Zip Code Miami Beach, FL 33139	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) MD		9 Employer (See Instructions) Self
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rushmer, Vera <hr/> Contributor address; City; State; Zip Code Ocean City, NJ 08226	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rushmer, Vera <hr/> Contributor address; City; State; Zip Code Ocean City, NJ 08226	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutherford, Bruce <hr/> Contributor address; City; State; Zip Code Vashon, WA 98070	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Rutherford, Bruce <hr/> Contributor address; City; State; Zip Code Vashon, WA 98070	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 141/186 Rpt: 144/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sahm, Sharon <hr/> 6 Contributor address; City; State; Zip Code Denton, TX 76202	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sahm, Sharon <hr/> Contributor address; City; State; Zip Code Denton, TX 76202	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sakakeeny, Robert <hr/> Contributor address; City; State; Zip Code WORCESTER, MA 01609	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sakakeeny, Robert <hr/> Contributor address; City; State; Zip Code WORCESTER, MA 01609	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Salvato, Dorothy <hr/> Contributor address; City; State; Zip Code Clinton, ME 04927	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		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: 142/186 Rpt: 145/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Saslow, Wayne <hr/> 6 Contributor address; City; State; Zip Code College Station, TX 77840	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) College Faculty		9 Employer (See Instructions) TAMU
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sauer, Laraine <hr/> Contributor address; City; State; Zip Code Ocean County, NJ 08701	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scardino, Marjorie <hr/> Contributor address; City; State; Zip Code Bluffton, SC 29910	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scardino, Marjorie <hr/> Contributor address; City; State; Zip Code Bluffton, SC 29910	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schapiro, Susan <hr/> Contributor address; City; State; Zip Code Cincinnati, OH 45242	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schapiro, Susan <hr/> 6 Contributor address; City; State; Zip Code Cincinnati, OH 45242	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schechter, Ruth <hr/> Contributor address; City; State; Zip Code Leawood, KS 66209	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schechter, Ruth <hr/> Contributor address; City; State; Zip Code Leawood, KS 66209	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Teacher		Employer (See Instructions) Self
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiffman, Jill <hr/> Contributor address; City; State; Zip Code Hanover, NH 03755	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiffman, Jill <hr/> Contributor address; City; State; Zip Code Hanover, NH 03755	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/24/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiller, Lisa <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10013	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) art		9 Employer (See Instructions) self
Date 12/24/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schiller, Lisa <hr/> Contributor address; City; State; Zip Code New York, NY 10013	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) art		Employer (See Instructions) self
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schley, Gloria <hr/> Contributor address; City; State; Zip Code Mesa, AZ 86206	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schley, Gloria <hr/> Contributor address; City; State; Zip Code Mesa, AZ 86206	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schloss, Sima <hr/> Contributor address; City; State; Zip Code New York, NY 10128	Amount of Contribution (\$) \$24.00
Principal occupation / Job title (See Instructions) Artist /Adjunct Professor		Employer (See Instructions) Hostos Community College

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2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schloss, Sima <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10128	7 Amount of Contribution (\$) \$24.00
8 Principal occupation / Job title (See Instructions) Artist /Adjunct Professor		9 Employer (See Instructions) Hostos Community College
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schneider, Todd <hr/> Contributor address; City; State; Zip Code Cuyahoga Falls, OH 44221-1203	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schott, Saskia <hr/> Contributor address; City; State; Zip Code Mercer Island, WA 98040	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schott, Saskia <hr/> Contributor address; City; State; Zip Code Mercer Island, WA 98040	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schroeder, Edward <hr/> Contributor address; City; State; Zip Code Waunakee, WI 53597-9085	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 146/186 Rpt: 149/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schussler, Michael <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10023	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Schussler, Michael <hr/> Contributor address; City; State; Zip Code New York, NY 10023	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Kent <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94304	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Scott, Kent <hr/> Contributor address; City; State; Zip Code Palo Alto, CA 94304	Amount of Contribution (\$) \$85.00
Principal occupation / Job title (See Instructions) unemployed		Employer (See Instructions) unemployed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seligmann, Katherine <hr/> Contributor address; City; State; Zip Code Wake Forest, NC 27587	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 147/186 Rpt: 150/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Senders, Warren <hr/> 6 Contributor address; City; State; Zip Code Medford, MA 02155	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) music teacher		9 Employer (See Instructions) self-employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Senders, Warren <hr/> Contributor address; City; State; Zip Code Medford, MA 02155	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) music teacher		Employer (See Instructions) self-employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Senders, Warren <hr/> Contributor address; City; State; Zip Code Medford, MA 02155	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) music teacher		Employer (See Instructions) self-employed
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Seratti, Rosanne <hr/> Contributor address; City; State; Zip Code San Jose, CA 95128	Amount of Contribution (\$) \$33.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sersen, Jeannette <hr/> Contributor address; City; State; Zip Code West Windsor, NJ 08550	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not employed		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: 148/186 Rpt: 151/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sethi, Lida 6 Contributor address; City; State; Zip Code Columbus, OH 43204	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sethi, Lida Contributor address; City; State; Zip Code Columbus, OH 43204	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sethi, Lida Contributor address; City; State; Zip Code Columbus, OH 43204	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, John Contributor address; City; State; Zip Code Seattle, WA 98117	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Transportation Planner		Employer (See Instructions) City of Seattle
Date 12/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shaw, John Contributor address; City; State; Zip Code Seattle, WA 98117	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Transportation Planner		Employer (See Instructions) City of Seattle

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 149/186 Rpt: 152/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheinin, Matthew <hr/> 6 Contributor address; City; State; Zip Code Portland, OR 97230	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheldon, Albert <hr/> Contributor address; City; State; Zip Code Seattle, WA 98105	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) Self
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sheldon, Albert <hr/> Contributor address; City; State; Zip Code Seattle, WA 98105	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) physician		Employer (See Instructions) Self
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirkoff, Jean <hr/> Contributor address; City; State; Zip Code Portland, OR 97225	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Self
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirkoff, Jean <hr/> Contributor address; City; State; Zip Code Portland, OR 97225	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Counselor		Employer (See Instructions) Self

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 150/186 Rpt: 153/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/27/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shirkoff, Jean <hr/> 6 Contributor address; City; State; Zip Code Portland, OR 97225	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Counselor		9 Employer (See Instructions) Self
Date 11/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shivers, Nancy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Shivers & Shivers
Date 12/03/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shivers, Nancy <hr/> Contributor address; City; State; Zip Code San Antonio, TX 78209	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) attorney		Employer (See Instructions) Shivers & Shivers
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shumway, Loretta <hr/> Contributor address; City; State; Zip Code Houston, TX 77095	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/19/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shumway, Loretta <hr/> Contributor address; City; State; Zip Code Houston, TX 77095	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Escrow Officer		Employer (See Instructions) MN Title Company

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 151/186 Rpt: 154/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/19/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Shumway, Loretta <hr/> 6 Contributor address; City; State; Zip Code Houston, TX 77095	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Escrow Officer		9 Employer (See Instructions) MN Title Company
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sidbury, Mercy <hr/> Contributor address; City; State; Zip Code Sebastopol, CA 95472-2017	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) movement therapist		Employer (See Instructions) self
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sikorski, John <hr/> Contributor address; City; State; Zip Code Mason, OH 45040	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Simmons, Miriam <hr/> Contributor address; City; State; Zip Code Stillwater, MN 55082	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sklower, Keith <hr/> Contributor address; City; State; Zip Code El Cerrito, CA 94530	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 152/186 Rpt: 155/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/11/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sklower, Keith <hr/> 6 Contributor address; City; State; Zip Code El Cerrito, CA 94530	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Amy <hr/> Contributor address; City; State; Zip Code Gonzales, LA 70737	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) ESL Teacher		Employer (See Instructions) QKids
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Amy <hr/> Contributor address; City; State; Zip Code Gonzales, LA 70737	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) ESL Teacher		Employer (See Instructions) QKids
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Amy <hr/> Contributor address; City; State; Zip Code Gonzales, LA 70737	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) ESL Teacher		Employer (See Instructions) QKids
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kathleen <hr/> Contributor address; City; State; Zip Code Ontario, CA 91761-3867	Amount of Contribution (\$) \$12.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 153/186 Rpt: 156/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kathleen <hr/> 6 Contributor address; City; State; Zip Code Ontario, CA 91761-3867	7 Amount of Contribution (\$) \$12.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kevin <hr/> Contributor address; City; State; Zip Code Verona, WI 53593	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) TEAM Resources
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Kevin <hr/> Contributor address; City; State; Zip Code Verona, WI 53593	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Consultant		Employer (See Instructions) TEAM Resources
Date 11/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Matthew <hr/> Contributor address; City; State; Zip Code Flagtown, NJ 08821	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Software Developer		Employer (See Instructions) Storis Management Systems
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Will <hr/> Contributor address; City; State; Zip Code Ocean Springs, MS 39564	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Cardiothoracic Surgeon		Employer (See Instructions) USAF

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 154/186 Rpt: 157/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/13/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Smith, Will <hr/> 6 Contributor address; City; State; Zip Code Ocean Springs, MS 39564	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Cardiothoracic Surgeon		9 Employer (See Instructions) USAF
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sobol, Jennifer <hr/> Contributor address; City; State; Zip Code El Cerrito, CA 94530	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sobol, Jennifer <hr/> Contributor address; City; State; Zip Code El Cerrito, CA 94530	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soppelsa, Elizabeth <hr/> Contributor address; City; State; Zip Code Washington, DC 20016	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Soppelsa, Elizabeth <hr/> Contributor address; City; State; Zip Code Washington, DC 20016	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		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: 155/186 Rpt: 158/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Specht, Gladys <hr/> 6 Contributor address; City; State; Zip Code Maineville, OH 45039	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Specht, Gladys <hr/> Contributor address; City; State; Zip Code Maineville, OH 45039	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Specht, Gladys <hr/> Contributor address; City; State; Zip Code Maineville, OH 45039	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Specht, Gladys <hr/> Contributor address; City; State; Zip Code Maineville, OH 45039	Amount of Contribution (\$) \$100.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Specht, Gladys <hr/> Contributor address; City; State; Zip Code Maineville, OH 45039	Amount of Contribution (\$) \$100.25
Principal occupation / Job title (See Instructions) Not Employed		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: 156/186 Rpt: 159/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/01/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Specht, Gladys <hr/> 6 Contributor address; City; State; Zip Code Maineville, OH 45039	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Specht, Gladys <hr/> Contributor address; City; State; Zip Code Maineville, OH 45039	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Specht, Gladys <hr/> Contributor address; City; State; Zip Code Maineville, OH 45039	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Specht, Gladys <hr/> Contributor address; City; State; Zip Code Maineville, OH 45039	Amount of Contribution (\$) \$100.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Specht, Gladys <hr/> Contributor address; City; State; Zip Code Maineville, OH 45039	Amount of Contribution (\$) \$100.25
Principal occupation / Job title (See Instructions) Not Employed		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: 157/186 Rpt: 160/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Spinner, Ronald <hr/> 6 Contributor address; City; State; Zip Code Ann Arbor, MI 48104	7 Amount of Contribution (\$) \$30.00
8 Principal occupation / Job title (See Instructions) Attorney		9 Employer (See Instructions) Miller Canfield Paddock and Stone P.L.C.
Date 11/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) St John, Daniel <hr/> Contributor address; City; State; Zip Code Alameda, CA 94501	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/22/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) St John, Daniel <hr/> Contributor address; City; State; Zip Code Alameda, CA 94501	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stein, Jennifer <hr/> Contributor address; City; State; Zip Code Ramsey, NJ 07446	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) potter		Employer (See Instructions) self
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, BB <hr/> Contributor address; City; State; Zip Code Boynton Beach, FL 33435	Amount of Contribution (\$) \$1.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 158/186 Rpt: 161/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stephenson, BB <hr/> 6 Contributor address; City; State; Zip Code Boynton Beach, FL 33435	7 Amount of Contribution (\$) \$1.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stiers, Michael <hr/> Contributor address; City; State; Zip Code Hampton, NH 03842	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stogdill, James <hr/> Contributor address; City; State; Zip Code Wayne, PA 19087	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stogdill, James <hr/> Contributor address; City; State; Zip Code Wayne, PA 19087	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stork-Knock, Deborah <hr/> Contributor address; City; State; Zip Code Sacramento, CA 95829	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not employed		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: 159/186 Rpt: 162/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stork-Knock, Deborah <hr/> 6 Contributor address; City; State; Zip Code Sacramento, CA 95829	7 Amount of Contribution (\$) \$20.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stratten, Cheryl <hr/> Contributor address; City; State; Zip Code Denver, CO 80211	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Stratten, Cheryl <hr/> Contributor address; City; State; Zip Code Denver, CO 80211	Amount of Contribution (\$) \$30.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Strickland, Marcia <hr/> Contributor address; City; State; Zip Code Henderson, NV 89052	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suczek, Marybelle <hr/> Contributor address; City; State; Zip Code Stamford, CT 06905	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 160/186 Rpt: 163/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suczek, Marybelle 6 Contributor address; City; State; Zip Code Stamford, CT 06905	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) retired		9 Employer (See Instructions) none
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suczek, Marybelle Contributor address; City; State; Zip Code Stamford, CT 06905	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suczek, Marybelle Contributor address; City; State; Zip Code Stamford, CT 06905	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Suczek, Marybelle Contributor address; City; State; Zip Code Stamford, CT 06905	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) none
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sulzbacker, Marilyn Contributor address; City; State; Zip Code New York, NY 10023-6538	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) clinical social worker		Employer (See Instructions) Self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 161/186 Rpt: 164/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/08/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Sulzbacker, Marilyn <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10023-6538	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) clinical social worker		9 Employer (See Instructions) Self
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Rosemarie <hr/> Contributor address; City; State; Zip Code Bryan, TX 77801	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Swanson, Rosemarie <hr/> Contributor address; City; State; Zip Code Bryan, TX 77801	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tai, Jeanne <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02140	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/13/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tai, Jeanne <hr/> Contributor address; City; State; Zip Code Cambridge, MA 02140	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 162/186 Rpt: 165/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/05/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Teplitz, Dona <hr/> 6 Contributor address; City; State; Zip Code Silver Spring, MD 20910	7 Amount of Contribution (\$) \$1,225.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jessica <hr/> Contributor address; City; State; Zip Code New York, NY 10040	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) musician		Employer (See Instructions) self
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Jessica <hr/> Contributor address; City; State; Zip Code New York, NY 10040	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) musician		Employer (See Instructions) self
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Thompson, Laura <hr/> Contributor address; City; State; Zip Code Marina Del Rey, CA 90292-6797	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TiltonJones, Carrie <hr/> Contributor address; City; State; Zip Code Portland, OR 97219	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) student writer		Employer (See Instructions) self

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 163/186 Rpt: 166/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) TiltonJones, Carrie 6 Contributor address; City; State; Zip Code Portland, OR 97219	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) student writer		9 Employer (See Instructions) self
Date 11/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tirana, Gail R Contributor address; City; State; Zip Code New York, NY 10024-5802	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) CUNY
Date 12/25/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tirana, Gail R Contributor address; City; State; Zip Code New York, NY 10024-5802	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) CUNY
Date 11/02/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Tong, Dan Contributor address; City; State; Zip Code Chicago, IL 60645	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Computer Consultant		Employer (See Instructions) Self
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trangucci, Neale Contributor address; City; State; Zip Code Summit, NJ 07901	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Investment Research		Employer (See Instructions) Mason Capital

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 164/186 Rpt: 167/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/12/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trangucci, Neale <hr/> 6 Contributor address; City; State; Zip Code Summit, NJ 07901	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Investment Research		9 Employer (See Instructions) Mason Capital
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Trostle, Glen <hr/> Contributor address; City; State; Zip Code Logan, UT 84341	Amount of Contribution (\$) \$40.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Truebig, Beverly <hr/> Contributor address; City; State; Zip Code West Hartford, CT 06107	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Truebig, Beverly <hr/> Contributor address; City; State; Zip Code West Hartford, CT 06107	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Truebig, Beverly <hr/> Contributor address; City; State; Zip Code West Hartford, CT 06107	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 165/186 Rpt: 168/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Utset, Manuel <hr/> 6 Contributor address; City; State; Zip Code Chicago, IL 60615	7 Amount of Contribution (\$) \$25.16
8 Principal occupation / Job title (See Instructions) Physician		9 Employer (See Instructions) University of Illinois at Chicago
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Utset, Manuel <hr/> Contributor address; City; State; Zip Code Chicago, IL 60615	Amount of Contribution (\$) \$25.16
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Illinois at Chicago
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Utset, Manuel <hr/> Contributor address; City; State; Zip Code Chicago, IL 60615	Amount of Contribution (\$) \$25.16
Principal occupation / Job title (See Instructions) Physician		Employer (See Instructions) University of Illinois at Chicago
Date 11/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Stone, Lisa <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/01/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Van Stone, Lisa <hr/> Contributor address; City; State; Zip Code Sunnyvale, CA 94087	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 166/186 Rpt: 169/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VanDevender, Nancy <hr/> 6 Contributor address; City; State; Zip Code Albuquerque, NM 87109	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) VanDevender, Nancy <hr/> Contributor address; City; State; Zip Code Albuquerque, NM 87109	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasse, Emma <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasse, Emma <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vasse, Emma <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94707	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 167/186 Rpt: 170/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vilas, Faith <hr/> 6 Contributor address; City; State; Zip Code Seabrook, TX 77586	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Astronomer		9 Employer (See Instructions) PSI
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vilas, Faith <hr/> Contributor address; City; State; Zip Code Seabrook, TX 77586	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Astronomer		Employer (See Instructions) PSI
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villa-Komaroff, Lydia <hr/> Contributor address; City; State; Zip Code CHESTNUT HILL, MA 02467	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Villa-Komaroff, Lydia <hr/> Contributor address; City; State; Zip Code CHESTNUT HILL, MA 02467	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent, Florence <hr/> Contributor address; City; State; Zip Code Rainier, WA 98576	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Purchasing		Employer (See Instructions) Yelm Food Co-op

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 168/186 Rpt: 171/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent, Florence <hr/> 6 Contributor address; City; State; Zip Code Rainier, WA 98576	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Purchasing		9 Employer (See Instructions) Yelm Food Co-op
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Vincent, Florence <hr/> Contributor address; City; State; Zip Code Rainier, WA 98576	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Purchasing		Employer (See Instructions) Yelm Food Co-op
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Viviano, Jesse <hr/> Contributor address; City; State; Zip Code Morrisville, NC 27560-6282	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Security Analyst		Employer (See Instructions) Verizon Business
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Viviano, Jesse <hr/> Contributor address; City; State; Zip Code Morrisville, NC 27560-6282	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Security Analyst		Employer (See Instructions) Verizon Business
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) WATSON, DONALD <hr/> Contributor address; City; State; Zip Code MONROVIA, MD 21770	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 169/186 Rpt: 172/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/06/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, BJ 6 Contributor address; City; State; Zip Code Cape May, NJ 08204	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wagner, BJ Contributor address; City; State; Zip Code Cape May, NJ 08204	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walker, Jack Contributor address; City; State; Zip Code Boulder, CO 80303	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waller, Margaret Contributor address; City; State; Zip Code Claremont, CA 91711	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions) Pomona College
Date 12/05/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Waller, Margaret Contributor address; City; State; Zip Code Claremont, CA 91711	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) professor		Employer (See Instructions) Pomona College

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SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 170/186 Rpt: 173/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Dee <hr/> 6 Contributor address; City; State; Zip Code Grapevine, TX 76051	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Walsh, Dee <hr/> Contributor address; City; State; Zip Code Grapevine, TX 76051	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wardell, Delaney <hr/> Contributor address; City; State; Zip Code Monroe, WA 98272	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Microsoft
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wardell, Delaney <hr/> Contributor address; City; State; Zip Code Monroe, WA 98272	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Program Manager		Employer (See Instructions) Microsoft
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warfield, Nancy <hr/> Contributor address; City; State; Zip Code Greenbrae, CA 94904-1934	Amount of Contribution (\$) \$500.00
Principal occupation / Job title (See Instructions) Not employed		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: 171/186 Rpt: 174/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warfield, Nancy <hr/> 6 Contributor address; City; State; Zip Code Greenbrae, CA 94904-1934	7 Amount of Contribution (\$) \$250.00
8 Principal occupation / Job title (See Instructions) Not employed		9 Employer (See Instructions) Not employed
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warfield, Nancy <hr/> Contributor address; City; State; Zip Code Greenbrae, CA 94904-1934	Amount of Contribution (\$) \$100.25
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Warfield, Nancy <hr/> Contributor address; City; State; Zip Code Greenbrae, CA 94904-1934	Amount of Contribution (\$) \$100.25
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinstein, Jeffrey <hr/> Contributor address; City; State; Zip Code Lawrence Township, NJ 08648	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weinstein, Jeffrey <hr/> Contributor address; City; State; Zip Code Lawrence Township, NJ 08648	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		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: 172/186 Rpt: 175/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/18/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss, Howard P <hr/> 6 Contributor address; City; State; Zip Code Newton, MA 02458	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/18/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Weiss, Howard P <hr/> Contributor address; City; State; Zip Code Newton, MA 02458	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wharton, Jeanette <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/08/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wharton, Jeanette <hr/> Contributor address; City; State; Zip Code Dallas, TX 75225	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Whitaker, Lucille <hr/> Contributor address; City; State; Zip Code Newport, RI 02840	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		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: 173/186 Rpt: 176/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/17/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Homer <hr/> 6 Contributor address; City; State; Zip Code New York, NY 10027	7 Amount of Contribution (\$) \$35.00
8 Principal occupation / Job title (See Instructions) Retired		9 Employer (See Instructions) none
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Homer <hr/> Contributor address; City; State; Zip Code New York, NY 10027	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) Retired		Employer (See Instructions) none
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Susan <hr/> Contributor address; City; State; Zip Code Carmel, IN 46032	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Susan <hr/> Contributor address; City; State; Zip Code Carmel, IN 46032	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Williams, Susan <hr/> Contributor address; City; State; Zip Code Carmel, IN 46032	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 174/186 Rpt: 177/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/04/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Robert 6 Contributor address; City; State; Zip Code Oak Harbor, WA 98277	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/04/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wilson, Robert Contributor address; City; State; Zip Code Oak Harbor, WA 98277	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Winter, Kenneth Contributor address; City; State; Zip Code Auburn, CA 95603	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise, Stephen Contributor address; City; State; Zip Code Cleveland, OH 44112	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/06/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wise, Stephen Contributor address; City; State; Zip Code Cleveland, OH 44112	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

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The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 175/186 Rpt: 178/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/26/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Wolfe, Kathryn <hr/> 6 Contributor address; City; State; Zip Code Thomaston, ME 04861	7 Amount of Contribution (\$) \$500.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodhull, Sara <hr/> Contributor address; City; State; Zip Code Mountain View, CA 94043	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Information Architect		Employer (See Instructions) Self
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Woodhull, Sara <hr/> Contributor address; City; State; Zip Code Mountain View, CA 94043	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Information Architect		Employer (See Instructions) Self
Date 11/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Word, Barbara <hr/> Contributor address; City; State; Zip Code Addison, TX 75001	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/12/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Word, Barbara <hr/> Contributor address; City; State; Zip Code Addison, TX 75001	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not Employed		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: 176/186 Rpt: 179/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yee, Edison& Janice <hr/> 6 Contributor address; City; State; Zip Code Los Altos, CA 94024	7 Amount of Contribution (\$) \$100.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yurgaites, Christine <hr/> Contributor address; City; State; Zip Code Vero Beach, FL 32966	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yurgaites, Christine <hr/> Contributor address; City; State; Zip Code Vero Beach, FL 32966	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) Yurgaites, Christine <hr/> Contributor address; City; State; Zip Code Vero Beach, FL 32966	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) beck, karen <hr/> Contributor address; City; State; Zip Code danville, CA 94526	Amount of Contribution (\$) \$250.00
Principal occupation / Job title (See Instructions) retired		Employer (See Instructions) retired

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 177/186 Rpt: 180/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) bravata, rose <hr/> 6 Contributor address; City; State; Zip Code san jose, CA 95120	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) brody, robert <hr/> Contributor address; City; State; Zip Code east hampton, NY 11937	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 12/11/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) brody, robert <hr/> Contributor address; City; State; Zip Code east hampton, NY 11937	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) Not employed		Employer (See Instructions) Not employed
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) danforth, Elizabeth <hr/> Contributor address; City; State; Zip Code Bozeman, MT 59715	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Montana state university
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) danforth, Elizabeth <hr/> Contributor address; City; State; Zip Code Bozeman, MT 59715	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Director		Employer (See Instructions) Montana state university

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 178/186 Rpt: 181/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/02/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) fahrr, rick 6 Contributor address; City; State; Zip Code Seattle, WA 98121	7 Amount of Contribution (\$) \$5.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ferrero, gail Contributor address; City; State; Zip Code New York, NY 10027	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ferrero, gail Contributor address; City; State; Zip Code New York, NY 10027	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) ferrero, gail Contributor address; City; State; Zip Code New York, NY 10027	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/09/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) francis, sally Contributor address; City; State; Zip Code Berkeley, CA 94708-1752	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 179/186 Rpt: 182/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/09/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) francis, sally <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94708-1752	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) gassan, larry <hr/> Contributor address; City; State; Zip Code Camarillo, CA 93010	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Larry Gassan Photo/White Glove Scanning
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) gassan, larry <hr/> Contributor address; City; State; Zip Code Camarillo, CA 93010	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Larry Gassan Photo/White Glove Scanning
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) gassan, larry <hr/> Contributor address; City; State; Zip Code Camarillo, CA 93010	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Photographer		Employer (See Instructions) Larry Gassan Photo/White Glove Scanning
Date 11/14/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) henkin, michelle <hr/> Contributor address; City; State; Zip Code New Harbor, ME 04554	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 180/186 Rpt: 183/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/14/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) henkin, michelle <hr/> 6 Contributor address; City; State; Zip Code New Harbor, ME 04554	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 11/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) hess, cheryl <hr/> Contributor address; City; State; Zip Code berkeley, CA 94707	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) hess, cheryl <hr/> Contributor address; City; State; Zip Code berkeley, CA 94707	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) huckabay, kathleen <hr/> Contributor address; City; State; Zip Code Waikoloa, HI 96738	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/20/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) huckabay, kathleen <hr/> Contributor address; City; State; Zip Code Waikoloa, HI 96738	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 181/186 Rpt: 184/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/30/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) malobe, jeff 6 Contributor address; City; State; Zip Code Ben Lomond, CA 95005	7 Amount of Contribution (\$) \$3.00
8 Principal occupation / Job title (See Instructions) consultant		9 Employer (See Instructions) self
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) malobe, jeff Contributor address; City; State; Zip Code Ben Lomond, CA 95005	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self
Date 11/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) malobe, jeff Contributor address; City; State; Zip Code Ben Lomond, CA 95005	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) malobe, jeff Contributor address; City; State; Zip Code Ben Lomond, CA 95005	Amount of Contribution (\$) \$5.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self
Date 12/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) malobe, jeff Contributor address; City; State; Zip Code Ben Lomond, CA 95005	Amount of Contribution (\$) \$3.00
Principal occupation / Job title (See Instructions) consultant		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 182/186 Rpt: 185/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/15/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) miller, alan <hr/> 6 Contributor address; City; State; Zip Code rockville, MD 20852	7 Amount of Contribution (\$) \$15.00
8 Principal occupation / Job title (See Instructions) self employed		9 Employer (See Instructions) Self
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) miller, alan <hr/> Contributor address; City; State; Zip Code rockville, MD 20852	Amount of Contribution (\$) \$15.00
Principal occupation / Job title (See Instructions) self employed		Employer (See Instructions) Self
Date 10/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) norcross, julie <hr/> Contributor address; City; State; Zip Code BOYNE CITY, MI 49712	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) norcross, julie <hr/> Contributor address; City; State; Zip Code BOYNE CITY, MI 49712	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/27/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) norcross, julie <hr/> Contributor address; City; State; Zip Code BOYNE CITY, MI 49712	Amount of Contribution (\$) \$100.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 183/186 Rpt: 186/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/07/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) owen, christina <hr/> 6 Contributor address; City; State; Zip Code Los Gatos, CA 95031	7 Amount of Contribution (\$) \$20.24
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) owen, christina <hr/> Contributor address; City; State; Zip Code Los Gatos, CA 95031	Amount of Contribution (\$) \$20.24
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) rabinor, irene <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30342	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/17/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) rabinor, irene <hr/> Contributor address; City; State; Zip Code Atlanta, GA 30342	Amount of Contribution (\$) \$18.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) rammelkamp, abby <hr/> Contributor address; City; State; Zip Code baltimore, MD 21211	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 184/186 Rpt: 187/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/16/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) rammelkamp, abby 6 Contributor address; City; State; Zip Code baltimore, MD 21211	7 Amount of Contribution (\$) \$25.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 12/07/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) rammelkamp, abby Contributor address; City; State; Zip Code baltimore, MD 21211	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) rammelkamp, abby Contributor address; City; State; Zip Code baltimore, MD 21211	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) robbins-roth, cynthia Contributor address; City; State; Zip Code san mateo, CA 94403	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 11/28/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) robbins-roth, cynthia Contributor address; City; State; Zip Code san mateo, CA 94403	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 185/186 Rpt: 188/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/28/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) robbins-roth, cynthia <hr/> 6 Contributor address; City; State; Zip Code san mateo, CA 94403	7 Amount of Contribution (\$) \$10.00
8 Principal occupation / Job title (See Instructions) Not Employed		9 Employer (See Instructions) Not Employed
Date 10/30/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) schlosstein, lynne <hr/> Contributor address; City; State; Zip Code Santa Monica, CA 90405	Amount of Contribution (\$) \$35.00
Principal occupation / Job title (See Instructions) teacher		Employer (See Instructions) smmusd
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) walling, christopher <hr/> Contributor address; City; State; Zip Code nyc, NY 10022	Amount of Contribution (\$) \$20.00
Principal occupation / Job title (See Instructions) designer		Employer (See Instructions) self
Date 11/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wasserman, michael <hr/> Contributor address; City; State; Zip Code seattle, WA 98103	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) self
Date 12/16/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wasserman, michael <hr/> Contributor address; City; State; Zip Code seattle, WA 98103	Amount of Contribution (\$) \$25.00
Principal occupation / Job title (See Instructions) chiropractor		Employer (See Instructions) self

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: Sch: 186/186 Rpt: 189/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/10/2025	5 Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) weil, karen <hr/> 6 Contributor address; City; State; Zip Code Berkeley, CA 94709	7 Amount of Contribution (\$) \$50.00
8 Principal occupation / Job title (See Instructions) artist		9 Employer (See Instructions) Artist at play
Date 12/10/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) weil, karen <hr/> Contributor address; City; State; Zip Code Berkeley, CA 94709	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) artist		Employer (See Instructions) Artist at play
Date 11/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wilson, suzette <hr/> Contributor address; City; State; Zip Code SUN CITY, CA 92586-0782	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 12/15/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) wilson, suzette <hr/> Contributor address; City; State; Zip Code SUN CITY, CA 92586-0782	Amount of Contribution (\$) \$10.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed
Date 10/31/2025	Full name of contributor <input type="checkbox"/> out-of-state PAC (ID#: _____) zorich, nora <hr/> Contributor address; City; State; Zip Code Ann Arbor, MI 48103	Amount of Contribution (\$) \$50.00
Principal occupation / Job title (See Instructions) Not Employed		Employer (See Instructions) Not Employed

LOANS

SCHEDULE E

The Instruction Guide explains how to complete this form.		1 Total pages Schedule E: Sch: 1/1 Rpt: 190/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 TOTAL OF UNITEMIZED LOANS		\$ 0.00
5 Date of loan	7 Name of lender <input type="checkbox"/> out-of-state PAC (ID#: _____)	9 Loan Amount (\$)
6 Is lender a financial institution?	8 Lender address; City; State; Zip Code	10 Interest Rate
		11 Maturity Date
12 Principal occupation / Job title (See Instructions)		13 Employer (See Instructions)
14 Description of Collateral <input type="checkbox"/> None		15 Check if personal funds were deposited into political account (See Instructions) <input type="checkbox"/>
16 GUARANTOR INFORMATION <input type="checkbox"/> not applicable	17 Name of guarantor	19 Amount Guaranteed (\$)
	18 Guarantor address; City; State; Zip Code	
20 Principal occupation		21 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 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: 1/9 Rpt: 191/200	2 FILER NAME Rideshare 2 Vote	3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/28/2025	5 Payee name Act Blue Technical Service	
6 Amount (\$) \$120.84 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/04/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Technical Service		
Amount (\$) \$439.07 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/12/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Technical Service		
Amount (\$) \$209.13 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

POLITICAL EXPENDITURES FROM POLITICAL CONTRIBUTIONS

SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/ Donations Made By -
Candidate/Officeholder/Political Committee
Credit Card Payment

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

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

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

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F1: Sch: 2/9 Rpt: 192/200	2 FILER NAME Rideshare 2 Vote	3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/18/2025	5 Payee name Act Blue Technical Service	
6 Amount (\$) \$91.64 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/25/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Technical Service		
Amount (\$) \$73.02 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/02/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Technical Service		
Amount (\$) \$81.19 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 3/9 Rpt: 193/200	2 FILER NAME Rideshare 2 Vote	3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/09/2025	5 Payee name Act Blue Technical Service	
6 Amount (\$) \$96.71 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/16/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Technical Service		
Amount (\$) \$75.91 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/23/2025	Candidate/Officeholder name Office sought Office held	
Payee name Act Blue Technical Service		
Amount (\$) \$103.92 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 4/9 Rpt: 194/200	2 FILER NAME Rideshare 2 Vote	3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/30/2025	5 Payee name Act Blue Technical Service	
6 Amount (\$) \$104.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 366 Summer Street Somerville, MA 02144-3132	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2025	Payee name Boynnton, Elizabeth	
Amount (\$) \$20.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 600 Commerce Dr Scarborough, ME 04074	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Refund for donations received & reported in prior periods
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 10/28/2025	Payee name D Ancona, Amy	
Amount (\$) \$48.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 2191 Belmont Ave Apt 2310 Philadelphia, PA 19131	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Refund for donations received & reported in prior periods
Complete <u>ONLY</u> 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: 5/9 Rpt: 195/200	2 FILER NAME Rideshare 2 Vote	3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/28/2025	5 Payee name D Ancona, Amy	
6 Amount (\$) \$40.48 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2192 Belmont Ave Apt 2310 Philadelphia, PA 19131	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Refund for donations received & reported in prior periods
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2025	Payee name Forray, Jeannie	
Amount (\$) \$40.50 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 5 Moody Bridge Rd Hadley, MA 01035	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Refund for donations received & reported in prior periods
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2025	Payee name Galvin, Jennifer	
Amount (\$) \$24.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 935 26th St NW Washington, DC 20037	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Refund for donations received & reported in prior periods
Complete <u>ONLY</u> 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: 6/9 Rpt: 196/200	2 FILER NAME Rideshare 2 Vote	3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/02/2025	5 Payee name Leicher, Dorothy	
6 Amount (\$) \$10.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 1174 Snedekerville Rd Columbia Cross Roads, PA 16914	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Refund for donations received & reported in prior periods
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 12/02/2025	Payee name Mindes, Paula	
Amount (\$) \$20.00 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 3118 Berkshire Rd Cleveland Hts, OH 44118	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Loan Repayment/Reimbursement	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Refund for donations received & reported in prior periods
Complete <u>ONLY</u> if direct expenditure to benefit C/OH	Candidate/Officeholder name	Office sought Office held
Date 11/03/2025	Payee name NGP VAN	
Amount (\$) \$930.25 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 655 - 15th Street, NW Suite 650 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data for fundraising
Complete <u>ONLY</u> 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: 7/9 Rpt: 197/200	2 FILER NAME Rideshare 2 Vote	3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/19/2025	5 Payee name NGP VAN	
6 Amount (\$) \$34.68 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 655 - 15th Street, NW Suite 650 Washington, DC 20005	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data for fundraising
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/03/2025	Candidate/Officeholder name Office sought Office held	
Payee name NGP VAN		
Amount (\$) \$964.92 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 655 - 15th Street, NW Suite 650 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data for fundraising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/08/2025	Candidate/Officeholder name Office sought Office held	
Payee name NGP VAN		
Amount (\$) \$3.45 <input type="checkbox"/> Expenditure from corporate funds	Payee address; City; State; Zip Code 655 - 15th Street, NW Suite 650 Washington, DC 20005	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Data for fundraising
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 8/9 Rpt: 198/200	2 FILER NAME Rideshare 2 Vote	3 Filer ID (Ethics Commission Filers) 00084821
4 Date 11/03/2025	5 Payee name Paragon Solutions	
6 Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code 2141 East Broadway Road Suite 202 Tempe, AZ 85282	
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Processing Fee
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/02/2025	Candidate/Officeholder name Payee name Paragon Solutions	
Amount (\$) \$25.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code 2141 East Broadway Road Suite 202 Tempe, AZ 85282	
PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule) Solicitation/Fundraising Expense	(b) Description <input type="checkbox"/> Check if travel outside of Texas. Complete Schedule T. <input type="checkbox"/> Check if Austin, TX, officeholder living expense Donation Processing Fee
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 11/04/2025	Candidate/Officeholder name Payee name Rideshare2Vote LLC	
Amount (\$) \$25,000.00 <input type="checkbox"/> Expenditure from corporate funds	Office sought Payee address; City; State; Zip Code PO Box 803648 Dallas, TX 75380	
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 Management and Operations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

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: 9/9 Rpt: 199/200	2 FILER NAME Rideshare 2 Vote	3 Filer ID (Ethics Commission Filers) 00084821
4 Date 12/05/2025	5 Payee name Rideshare2Vote LLC	
6 Amount (\$) \$25,000.00 <input type="checkbox"/> Expenditure from corporate funds	7 Payee address; City; State; Zip Code PO Box 803648 Dallas, TX 75380	
8 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 Management and Operations
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		
Date 12/17/2025	Candidate/Officeholder name Office sought Office held	
Amount (\$) \$22,000.00 <input type="checkbox"/> Expenditure from corporate funds	Payee name Rideshare2Vote LLC Payee address; City; State; Zip Code PO Box 803648 Dallas, TX 75380	
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 Management and Operations
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		

INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER

SCHEDULE K

The Instruction Guide explains how to complete this form.		1 Total pages Schedule K: Sch: 1/1 Rpt: 200/200
2 FILER NAME Rideshare 2 Vote		3 Filer ID (Ethics Commission Filers) 00084821
4 Date 10/31/2025	5 Name of person from whom amount is received Resource One Credit Union	8 Amount (\$) \$258.55
	6 Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75251	
	7 Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date 11/30/2025	Name of person from whom amount is received Resource One Credit Union	Amount (\$) \$358.89
	Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75251	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	
Date 12/31/2025	Name of person from whom amount is received Resource One Credit Union	Amount (\$) \$438.98
	Address of person from whom amount is received; City; State; Zip Code Dallas, TX 75251	
	Purpose for which amount is received <input type="checkbox"/> Check if political contribution returned to filer	