

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers)	2 Total pages filed: 14																
3 CANDIDATE / OFFICEHOLDER NAME	MS / MRS / MR FIRST MI MS. NICOLETTE M NICKNAME LAST SUFFIX ARDIENTE	OFFICE USE ONLY Date Received <div style="text-align: center; font-size: 1.5em; color: blue; font-weight: bold;">RECEIVED</div> <div style="text-align: center; color: red;">APR 25 2025</div>																	
4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS Change of Address	ADDRESS (NO BOX) APT / SUITE # CITY STATE ZIP CODE <div style="background-color: black; height: 20px; width: 100%;"></div>	Date Hand-delivered or Date Postmarked																	
5 CANDIDATE / OFFICEHOLDER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; height: 20px; width: 100%;"></div>	Receipt # Amount \$ Date Processed Date Imaged																	
6 CAMPAIGN TREASURER NAME	MS / MRS / MR FIRST MI MS. MADELEINE NICKNAME LAST SUFFIX DEWAR	STATE: ZIP CODE																	
7 CAMPAIGN TREASURER ADDRESS (Residence or Business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; <div style="background-color: black; height: 20px; width: 100%;"></div>																		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <div style="background-color: black; height: 20px; width: 100%;"></div>																		
9 REPORT TYPE	<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> January 15</div> <div style="width: 50%;"><input type="checkbox"/> 30th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Runoff</div> <div style="width: 50%;"><input type="checkbox"/> 15th day after campaign treasurer appointment (Officeholder Only)</div> <div style="width: 50%;"><input type="checkbox"/> July 15</div> <div style="width: 50%;"><input checked="" type="checkbox"/> 8th day before election</div> <div style="width: 50%;"><input type="checkbox"/> Exceeded Modified Reporting Limit</div> <div style="width: 50%;"><input type="checkbox"/> Final Report (Attach C/OH - FR)</div> </div>																		
10 PERIOD COVERED	Month Day Year Month Day Year 4 / 2 / 25 THROUGH 4 / 24 / 25																		
11 ELECTION	ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input checked="" type="checkbox"/> Other Description 5 / 3 / 25 <input type="checkbox"/> General <input type="checkbox"/> Special UNIFORM MUNICIPAL / SCHOOL BOARD																		
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known) Northside ISD Board Trustee, District 6																	
14 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.																		
<input checked="" type="checkbox"/> Additional Pages	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%;">COMMITTEE TYPE</td> <td>COMMITTEE NAME</td> </tr> <tr> <td><input type="checkbox"/> GENERAL</td> <td>Northside AFT Committee on Political Education (COPE)</td> </tr> <tr> <td><input type="checkbox"/> SPECIFIC</td> <td>COMMITTEE ADDRESS</td> </tr> <tr> <td></td> <td>6502 Bandera Road, Suite 202, San Antonio, TX 78238</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER NAME</td> </tr> <tr> <td></td> <td>Haroon Monis</td> </tr> <tr> <td></td> <td>COMMITTEE CAMPAIGN TREASURER ADDRESS</td> </tr> <tr> <td></td> <td>6502 Bandera Road, Suite 202, San Antonio, TX 78238</td> </tr> </table>			COMMITTEE TYPE	COMMITTEE NAME	<input type="checkbox"/> GENERAL	Northside AFT Committee on Political Education (COPE)	<input type="checkbox"/> SPECIFIC	COMMITTEE ADDRESS		6502 Bandera Road, Suite 202, San Antonio, TX 78238		COMMITTEE CAMPAIGN TREASURER NAME		Haroon Monis		COMMITTEE CAMPAIGN TREASURER ADDRESS		6502 Bandera Road, Suite 202, San Antonio, TX 78238
COMMITTEE TYPE	COMMITTEE NAME																		
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	Haroon Monis																		
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	6502 Bandera Road, Suite 202, San Antonio, TX 78238																		

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

FORM C/OH
COVER SHEET PG 2

15 C/OH NAME
NICOLETTE M ARDIENTE

16 Filer ID (Ethics Commission Filers)

17 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY)	\$ 0.00
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$ 3,149.29
EXPENDITURE TOTALS	3. TOTAL UNITEMIZED POLITICAL EXPENDITURE.	\$ 0.00
	4. TOTAL POLITICAL EXPENDITURES	\$ 0.00
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	\$ 3,149.29
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$ 0.00

18 SIGNATURE 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.

Signature of Candidate or Officeholder

Please complete either option below:

(1) Affidavit

NOTARY STAMP/SEAL

Sworn to and subscribed before me by _____ 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

OR

(2) Unsworn Declaration

My name is Nicolette M. Ardiente, and my date of birth is _____

My address is _____, San Antonio TX _____ USA
(street) (city) (state) (zip code) (country)

Executed in Bexar County, State of Texas, on the 25th day of April, 2025
(month) (year)

Signature of Candidate/Officeholder (Declarant)

SUBTOTALS - C/OH**FORM C/OH
COVER SHEET PG 3****19 FILER NAME**

NICOLETTE M ARDIENTE

20 Filer ID (Ethics Commission Filers)**21 SCHEDULE SUBTOTALS
NAME OF SCHEDULE****SUBTOTAL
AMOUNT**

1.	■ SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS	\$ 1,521.78
2.	■ SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS	\$ 1,627.51
3.	SCHEDULE B: PLEDGED CONTRIBUTIONS	\$
4.	SCHEDULE E: LOANS	\$
5.	SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
6.	SCHEDULE F2: UNPAID INCURRED OBLIGATIONS	\$
7.	SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS	\$
8.	SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD	\$
9.	SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS	\$
10.	SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH	\$
11.	SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS	\$
12.	SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER	\$

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME NICOLETTE M ARDIENTE		3 Filer ID (Ethics Commission Filers)
4 Date 04/04/2025	5 Full name of contributor out-of-state PAC (ID# _____) THOMAS DUKES 6 Contributor address: _____ City: _____ State: _____ Zip Code: _____ [REDACTED]	7 Amount of contribution (\$) 104.48
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date 04/04/2025	Full name of contributor out-of-state PAC (ID# _____) GABRIEL GARCIA Contributor address: _____ City: _____ State: _____ Zip Code: _____ [REDACTED]	Amount of contribution (\$) 260.73
Principal occupation / Job title (See Instructions) SOFTWARE DEVELOPER		Employer (See Instructions) USAA
Date 04/04/2025	Full name of contributor out-of-state PAC (ID# _____) ODUS EVBAGHARU Contributor address: _____ City: _____ State: _____ Zip Code: _____ [REDACTED]	Amount of contribution (\$) 104.48
Principal occupation / Job title (See Instructions) STRATEGIST		Employer (See Instructions) ONWARD STRATEGY GROUP
Date 04/12/2025	Full name of contributor out-of-state PAC (ID# _____) SUSAN KORBEL Contributor address: _____ City: _____ State: _____ Zip Code: _____ [REDACTED]	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) RESEARCHER		Employer (See Instructions) CORE RESEARCH
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME NICOLETTE M ARDIENTE		3 Filer ID (Ethics Commission Filers)
4 Date 04/12/2025	5 Full name of contributor out-of-state PAC (ID#: _____) PATRICK NUTTALL 6 Contributor address; City; State; Zip Code [REDACTED]	7 Amount of contribution (\$) 260.73
8 Principal occupation / Job title (See Instructions) CUSTOMER SUCCESS MANAGER		9 Employer (See Instructions) HARTFORD STEAM BOILER
Date 04/17/2025	Full name of contributor out-of-state PAC (ID#: _____) AJ DURRANI Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 100.00
Principal occupation / Job title (See Instructions) RETIRED		Employer (See Instructions) RETIRED
Date 04/18/2025	Full name of contributor out-of-state PAC (ID#: _____) ROGENE CALVERT Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 104.48
Principal occupation / Job title (See Instructions) PRINCIPAL		Employer (See Instructions) OUTREACH STRATEGIES
Date 04/21/2025	Full name of contributor out-of-state PAC (ID#: _____) VANESSA FUENTES Contributor address; City; State; Zip Code [REDACTED]	Amount of contribution (\$) 104.48
Principal occupation / Job title (See Instructions) DISTRICT REP		Employer (See Instructions) CITY OF AUSTIN
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

MONETARY POLITICAL CONTRIBUTIONS**SCHEDULE A1**

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A1:

4

2 FILER NAME

NICOLETTE M ARDIENTE

3 Filer ID (Ethics Commission Filers)

4 Date

04/21/2025

5 Full name of contributor

out-of-state PAC (ID#: _____)

POOJA SETHI

7 Amount of contribution (\$)

100.00

6 Contributor address:

City:

State:

Zip Code

8 Principal occupation / Job title (See Instructions)

CHIEF

9 Employer (See Instructions)

STATE OF TEXAS

Date

04/23/2025

Full name of contributor

out-of-state PAC (ID#: _____)

KEVIN GEARY

Amount of contribution (\$)

52.40

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

ATTORNEY

Employer (See Instructions)

USAA

Date

04/24/2025

Full name of contributor

out-of-state PAC (ID#: _____)

DAVID PLYLAR

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

Date

04/24/2025

Full name of contributor

out-of-state PAC (ID#: _____)

THERESA MAZUCA-GARCIA

Amount of contribution (\$)

100.00

Contributor address;

City;

State;

Zip Code

Principal occupation / Job title (See Instructions)

RETIRED

Employer (See Instructions)

RETIRED

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

If the requested information is not applicable, **DO NOT** include this page in the report.

The Instruction Guide explains how to complete this form.		1 Total pages Schedule A1: 4
2 FILER NAME NICOLETTE M ARDIENTE		3 Filer ID (Ethics Commission Filers)
4 Date 04/24/2025	5 Full name of contributor out-of-state PAC (ID#: _____) IAN STRAUSS 6 Contributor address; City; State; Zip Code <div style="background-color: black; height: 20px; width: 100%;"></div>	7 Amount of contribution (\$) 30.00
8 Principal occupation / Job title (See Instructions) RETIRED		9 Employer (See Instructions) RETIRED
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
Date	Full name of contributor out-of-state PAC (ID#: _____) Contributor address; City; State; Zip Code	Amount of contribution (\$)
Principal occupation / Job title (See Instructions)		Employer (See Instructions)
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.		

SCHEDULE A2

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A2: 1

NICOLETTE M ARDIENTE

3 Filer ID (Ethics Commission Filers)

\$ 0.00

9 In-kind contribution description
Crafting Your Campaign Workshop

7 Contributor address; City; State; Zip Code
1110 N VIRGIL AVE #375 LOS ANGELES CA 90029

Check if travel outside of Texas. Complete Schedule T.

11 Employer (FOR NON-JUDICIAL)(See Instructions)
HALL, MO, RUDICK

13 Contributor's job title (FOR JUDICIAL) (See Instructions)

15 Law firm of contributor's spouse (if any) (FOR JUDICIAL)

16 If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

In-kind contribution description
Canvassing, Digital

Contributor address; City; State; Zip Code
6502 BANDERA ROAD SUITE 202 SAN ANTONIO TX 78238

Check if travel outside of Texas. Complete Schedule T.

Employer (FOR NON-JUDICIAL)(See Instructions)
NORTHSIDE AFT COPE

Contributor's job title (FOR JUDICIAL) (See Instructions)

Law firm of contributor's spouse (if any) (FOR JUDICIAL)

If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)

If contributor is out-of-state PAC, please see Instruction guide for additional reporting requirements.

**FEC
FORM 1****STATEMENT OF
ORGANIZATION**

Office Use Only

1. NAME OF COMMITTEE (in full) ☐ (Check if name is changed) Example: If typing, type over the lines.

12FE4M5

Contest Every Race PAC

ADDRESS (number and street)

1110 N Virgil Ave

- ☒ (Check if address is changed)

#375

Los Angeles

CITY ▲

CA

STATE ▲

90029

ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

- ☒ (Check if address is changed)

compliance@pocketbookstrategies.com

Optional Second E-Mail Address

COMMITTEE'S WEB PAGE ADDRESS (URL)

- ☐ (Check if address is changed)

2. DATE

09

12

2024

3. FEC IDENTIFICATION NUMBER ►

C C00850750

4. IS THIS STATEMENT ☐ NEW (N) OR ☒ AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Stanger, Howie, . . .

Signature of Treasurer Stanger, Howie, . . .

Date

09

12

2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109.
ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.

Office
Use
Only

For further information contact:
Federal Election Commission
Toll Free 800-424-9530
Local 202-694-1100

FEC FORM 1
(Revised 06/2012)

5. TYPE OF COMMITTEE:

Candidate Committee:

- (a) ☐ This committee is a principal campaign committee. (Complete the candidate information below.)
- (b) ☐ This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)

Name of
CandidateCandidate
Party AffiliationOffice
Sought:

House

Senate

President

State

District

- (c) ☐ This committee supports/opposes only one candidate, and is NOT an authorized committee.

Name of
Candidate**Party Committee:**

- (d) ☐ This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Party

Political Action Committee (PAC):

- (e) ☐ This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is a:

☐ Corporation ☐ Corporation w/o Capital Stock ☐ Labor Organization

☐ Membership Organization ☐ Trade Association ☐ Cooperative

☐ In addition, this committee is a Lobbyist/Registrant PAC.

- (f) ☐ This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or party committee. (i.e., nonconnected committee)

☐ In addition, this committee is a Lobbyist/Registrant PAC.

☐ In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)

- (g) ☐ This committee is an independent expenditure-only political committee (Super PAC).

☐ In addition, this committee is a Lobbyist/Registrant PAC.

- (h) ☒ This committee is a political committee with both contribution and non-contribution accounts (Hybrid PAC).

☐ In addition, this committee is a Lobbyist/Registrant PAC.

Joint Fundraising Representative:

- (i) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.
- (j) ☐ This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.

Committees Participating in Joint Fundraiser

1.

C

2.

C

Write or Type Committee Name

Contest Every Race PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Relationship: ☐ Connected Organization ☐ Affiliated Organization ☐ Joint Fundraising Representative ☐ Leadership PAC Sponsor

7. Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

Full Name

Hall, Mo, Rudick, ,

Mailing Address

1110 N Virgil Ave

#375

Los Angeles

CA

90029

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Custodian of Records

Telephone number

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name
of Treasurer

Stanger, Howie, ,

Mailing Address

1110 N Virgil Ave

#375

Los Angeles

CA

90029

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Treasurer

Telephone number

310

929

0276

Full Name of
Designated
Agent

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲

Title or Position ▼

Telephone number

9. **Banks or Other Depositories:** List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Amalgamated Bank

Mailing Address

1825 K St NW

Washington

DC

20006

CITY ▲

STATE ▲

ZIP CODE ▲

Name of Bank, Depository, etc.

Mailing Address

CITY ▲

STATE ▲

ZIP CODE ▲



An initiative by Movement Labs
2000 Pennsylvania AVE NW
Suite 7000
Washington, DC 20006

contesteveryrace.org
info@contesteveryrace.org

IN-KIND CONTRIBUTION LETTER

To: Nicolette M. Ardiente for Northside ISD 6
From: Samuel Miller
Contest Every Race PAC (FEC #C00850750)

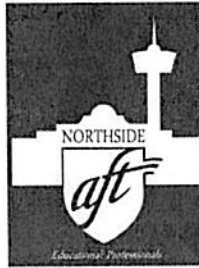
Date: April 9, 2025

Hello,

This letter documents the in-kind contributions Contest Every Race provided to your campaign between March 27, 2025 and April 8, 2025. Please keep this letter for your files, and provide this information to your campaign treasurer. Depending on state law, you may be required to report these contributions in your campaign finance reports. Please reach out at samuelmiller@movementlabs.com if you would like to discuss the contents of this letter.

Description of In-Kind Contribution	Value	Date(s) of Contribution
Crafting Your Campaign Message Workshop	\$28.85	3/27/2025
Volunteer Recruitment Texts	\$178.43	4/4/2025
Digital Resilience 101 Workshop	\$19.23	4/8/2025

Sincerely,
Samuel Miller
Compliance & Finance Manager



April 23, 2025

Northside AFT Committee on Political Education (COPE)
6502 Bandera Road-Sutie 202
San Antonio, TX 78238
Phone: (210) 536-3700

Nicolette Ardiente, Candidate for School Board District 6

This letter is to notify you that Northside AFT COPE contributed a total of \$1,401 to your campaign. Please report the following in-kind contributions, which will be listed on our TEC Reports:

Date	Amount	Description
4/3/25-4/16/25	\$570	Canvassing
4/14/25	831.00	Digital

If you have any questions, please reach out to us at: melina@northsideaft.net

Sincerely,

Haroon Monis
COPE Committee Chair
Northside AFT COPE