

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
Black Americans for a Better Future

ADDRESS (number and street) 45 N Hill Dr Ste 100 Warrenton VA 20186
Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00567784 3. IS THIS REPORT NEW OR AMENDED (N) (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 / 01 / 2018 through 06 / 30 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Marston, Chris, , ,
Type or Print Name of Treasurer

Signature of Treasurer Marston, Chris, , , [Electronically Filed] Date 07 / 10 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Black Americans for a Better Future**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		104996.18
(b) Cash on Hand at Beginning of Reporting Period.....	108936.80	
(c) Total Receipts (from Line 19) .....	52550.00	205673.45
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	161486.80	310669.63
7. Total Disbursements (from Line 31).....	48641.40	197824.23
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	112845.40	112845.40
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

Write or Type Committee Name

**Black Americans for a Better Future**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	50750.00	145500.00
(ii) Unitemized .....	600.00	1068.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	51350.00	146568.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	51350.00	146568.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	1200.00	26200.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	238.78
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	32666.67
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	52550.00	205673.45
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	52550.00	205673.45

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	16441.40	163582.21
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	16441.40	163582.21
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	26200.00	28242.02
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	6000.00	6000.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	48641.40	197824.23
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	48641.40	197824.23

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	51350.00	146568.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	51350.00	146568.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	16441.40	163582.21
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	238.78
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	16441.40	163343.43

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 16
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Black Americans for a Better Future**

**A. E Construction Group Inc**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4158 Wakehurst Pl  
Ste 305

City Leesburg State VA Zip Code 20176

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
06 / 15 / 2018

**Transaction ID : SA11AI.6407**

Amount of Each Receipt this Period  
500.00

Memo Item

**B. Hanna, Colin, , ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 603 Fairway Dr

City West Chester State PA Zip Code 19382

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
Let Freedom Ring, Inc Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
04 / 23 / 2018

**Transaction ID : SA11AI.6404**

Amount of Each Receipt this Period  
250.00

Memo Item

**C. Mercer, Robert, L, ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 800 Third Ave

City New York State NY Zip Code 10022

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
Renaissance Technologies Executive

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
125000.00

Date of Receipt  
06 / 06 / 2018

**Transaction ID : SA11AI.6395**

Amount of Each Receipt this Period  
50000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	50750.00
<b>TOTAL</b> This Period (last page this line number only).....	50750.00

**SCHEDULE A (FEC Form 3X)  
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 16  
(check only one)

<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
<input checked="" type="checkbox"/>								

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NAME OF COMMITTEE (In Full)  
**Black Americans for a Better Future**

**A. Election CFO LLC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 26141

City Alexandria	State VA	Zip Code 22313
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1200.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
04		23		2018

**Transaction ID : SA13.6389**

Amount of Each Receipt this Period  
1200.00

Memo Item  
Cash Flow Loan

**B.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

**C.**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	1200.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Black Americans for a Better Future**

Full Name (Last, First, Middle Initial)

**A. Anedot**

Mailing Address PO Box 84314

City Baton Rouge State LA Zip Code 70884

Purpose of Disbursement  
Online Contribution Processing

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.6409**  
Amount of Each Disbursement this Period  
54.77

Memo Item

Full Name (Last, First, Middle Initial)

**B. Chain Bridge Bank**

Mailing Address 1445-A Laughlin Ave

City McLean State VA Zip Code 22101

Purpose of Disbursement  
Bank Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.6416**  
Amount of Each Disbursement this Period  
20.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Delta**

Mailing Address 1030 Delta Blvd

City Atlanta State GA Zip Code 30354

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
06 / 15 / 2018

FEC Identification Number

C  
**Transaction ID : SB21B.6418**  
Amount of Each Disbursement this Period  
540.60

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

615.37



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Black Americans for a Better Future**

Full Name (Last, First, Middle Initial)

**A. Dropbox**

Mailing Address 333 Brannan St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Online Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 14 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.6411  
Amount of Each Disbursement this Period  
75.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Dropbox**

Mailing Address 333 Brannan St

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Online Service

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify)

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 07 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.6415  
Amount of Each Disbursement this Period  
75.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Hilton**

Mailing Address 10330 Natural Bridge Rd

City Saint Louis State MO Zip Code 63134

Purpose of Disbursement  
Travel

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
05 / 25 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.6412  
Amount of Each Disbursement this Period  
207.85

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

357.85

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Black Americans for a Better Future**

**A. Holtzman Vogel Josefiak Torchinsky PLLC**

Full Name (Last, First, Middle Initial)

Mailing Address 45 N Hill Dr  
Ste 100

City Warrenton State VA Zip Code 20186

Purpose of Disbursement Legal Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB21B.6398

Amount of Each Disbursement this Period: 2419.95

Memo Item

**B. Jackson, Raynard, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2404

City Washington State DC Zip Code 20013

Purpose of Disbursement Strategic Consulting

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB21B.6397

Amount of Each Disbursement this Period: 7500.00

Memo Item

**C. Michael's Steaks & Seafood**

Full Name (Last, First, Middle Initial)

Mailing Address 1903 29th Ave S

City Homewood State AL Zip Code 35209

Purpose of Disbursement Food/Beverages

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
06 / 29 / 2018

FEC Identification Number: C

Transaction ID : SB21B.6432

Amount of Each Disbursement this Period: 252.35

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

10172.30

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Black Americans for a Better Future**

Full Name (Last, First, Middle Initial)

**A. Morton's**

Mailing Address 551 5th Ave

City New York State NY Zip Code 10176

Purpose of Disbursement  
Food/Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 08 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6417

Amount of Each Disbursement this Period

[REDACTED] 162.31

Memo Item

Full Name (Last, First, Middle Initial)

**B. Morton's**

Mailing Address 551 5th Ave

City New York State NY Zip Code 10176

Purpose of Disbursement  
Food/Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 18 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6419

Amount of Each Disbursement this Period

[REDACTED] 160.35

Memo Item

Full Name (Last, First, Middle Initial)

**C. Morton's**

Mailing Address 551 5th Ave

City New York State NY Zip Code 10176

Purpose of Disbursement  
Food/Beverage

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
06 / 19 / 2018

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.6422

Amount of Each Disbursement this Period

[REDACTED] 108.83

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶

**TOTAL** This Period (last page this line number only)..... ▶

[REDACTED] 431.49

[REDACTED]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Black Americans for a Better Future**

**A. NOBEL/Women**

Full Name (Last, First, Middle Initial)

Mailing Address 20 F St NW

City Washington State DC Zip Code 20001

Purpose of Disbursement ?

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
06 / 28 / 2018

FEC Identification Number: C

Transaction ID : SB21B.6425

Amount of Each Disbursement this Period: 250.00

Memo Item

**B. Winters, Jackie, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3218 Indian Wells Lp

City Salem State OR Zip Code 97302

Purpose of Disbursement Reimbursement (See Below)

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
04 / 03 / 2018

FEC Identification Number: C

Transaction ID : SB21B.6276

Amount of Each Disbursement this Period: 3993.20

Memo Item

**C. Alaska Airlines**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 13670

City Des Moines State WA Zip Code 98198

Purpose of Disbursement Travel

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: MM / DD / YYYY  
02 / 09 / 2018

FEC Identification Number: C

Transaction ID : SB21B.6276.

Amount of Each Disbursement this Period: 3993.20

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4243.20
<b>TOTAL</b> This Period (last page this line number only).....▶	15820.21

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input checked="" type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Black Americans for a Better Future**

Full Name (Last, First, Middle Initial) <b>A. Election CFO LLC</b>		Date of Disbursement MM / DD / YYYY 06 / 08 / 2018
Mailing Address PO Box 26141		FEC Identification Number C [ ] <b>Transaction ID : SB26.6396</b>
City Alexandria	State VA	Zip Code 22313
Purpose of Disbursement Loan Repayment		Amount of Each Disbursement this Period [ ] 1200.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type [ ]	

Full Name (Last, First, Middle Initial) <b>B. Keller Investment Properties</b>		Date of Disbursement MM / DD / YYYY 04 / 03 / 2018
Mailing Address 500 N Market Pl Ste 101		FEC Identification Number C [ ] <b>Transaction ID : SB26.6280</b>
City Centreville	State UT	Zip Code 84014
Purpose of Disbursement Loan Repayment		Amount of Each Disbursement this Period [ ] 25000.00
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type [ ]	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [ ]
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period [ ]
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	Category/Type [ ]	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	26200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	26200.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Black Americans for a Better Future**

Full Name (Last, First, Middle Initial) <b>A. Black Americans for a Better Future Education Fund</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 04 / 20 / 2018	
Mailing Address 45 N Hill Dr Ste 100		FEC Identification Number C [ ] <b>Transaction ID : SB29.6390</b> Amount of Each Disbursement this Period 6000.00	
City Warrenton State VA Zip Code 20186	Purpose of Disbursement Contribution	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period	
City State Zip Code	Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period	
City State Zip Code	Purpose of Disbursement	Candidate Name	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		<input type="checkbox"/> Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	6000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	6000.00

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Black Americans for a Better Future** Transaction ID : **SC/10.6389**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <b>Election CFO LLC</b>		<input checked="" type="checkbox"/> <b>N</b> <input type="checkbox"/> Memo Item	<b>Election:</b> <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 26141			
City Alexandria	State VA	ZIP Code 22313	

Original Amount of Loan 1200.00	Cumulative Payment To Date 1200.00	Balance Outstanding at Close of This Period 0.00
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**TERMS**

Date Incurred MM / DD / YYYY 04 / 23 / 2018	Date Due MM / DD / YYYY	Interest Rate 0.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: [ ]

<b>SUBTOTALS</b> This Period This Page (optional) .....	[ ] 0.00
<b>TOTALS</b> This Period (last page in this line only) .....	[ ]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Black Americans for a Better Future** Transaction ID : **SC/10.6270**

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) Keller Investment Properties		<input checked="" type="checkbox"/> Memo Item	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 500 N Market Pl Ste 101			
City Centreville	State UT	ZIP Code 84014	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
25000.00	25000.00	0.00

**TERMS**

Date Incurred	Date Due	Interest Rate	Secured:
MM / DD / YYYY 02 / 08 / 2018	MM / DD / YYYY 4/30/2018	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer		
Mailing Address	Occupation		
City	State	ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

<b>SUBTOTALS</b> This Period This Page (optional) .....	0.00
<b>TOTALS</b> This Period (last page in this line only) .....	0.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.