

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.

Building Bridges, Not Walls

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P) General (12G) Runoff (12R)
 - Convention (12C) Special (12S)

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period / / through / /

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

Copeland, Rita, , ,

Type or Print Name of Treasurer

Signature of Treasurer Copeland, Rita, , , [Electronically Filed] Date / /

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

| | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|
| Office Use Only | | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|--|

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Building Bridges, Not Walls

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="2016"/> | <input type="text" value="0.00"/> | <input type="text" value="0.00"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="77275.35"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="30.00"/> | <input type="text" value="106543.00"/> |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | <input type="text" value="77305.35"/> | <input type="text" value="106543.00"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="55740.68"/> | <input type="text" value="84978.33"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="21564.67"/> | <input type="text" value="21564.67"/> |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="0.00"/> | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | <input type="text" value="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

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Building Bridges, Not Walls

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
10 / 20 / 2016 To: M M / D D / Y Y Y Y Y Y
11 / 28 / 2016

| 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)..... | 0.00 | 76000.00 |
| (ii) Unitemized | 30.00 | 543.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 30.00 | 76543.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 30000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 30.00 | 106543.00 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 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 | 0.00 |
| 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 | 0.00 |
| 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)).....▶ | 30.00 | 106543.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 30.00 | 106543.00 |

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 | 24274.51 | 53512.16 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 24274.51 | 53512.16 |
| 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) | 25958.51 | 25958.51 |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 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)..... | 5507.66 | 5507.66 |
| 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)) .. | 55740.68 | 84978.33 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 55740.68 | 84978.33 |

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| III. Net Contributions/ Operating Expenditures | COLUMN A Total This Period | COLUMN B Calendar Year-to-Date |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 30.00 | 106543.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 30.00 | 106543.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 24274.51 | 53512.16 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 24274.51 | 53512.16 |

**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 |

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)
Building Bridges, Not Walls

Full Name (Last, First, Middle Initial)

A. Data-Clear

Mailing Address Post Office Box 3340

City Arlington State VA Zip Code 22203

Purpose of Disbursement
Data Clean Up

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
11 / 14 / 2016

FEC Identification Number
C
Transaction ID : EXPB74
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Ground Floor Public Affairs Corp.

Mailing Address 20920 Outer Zayante Road

City Los Gatos State CA Zip Code 95033

Purpose of Disbursement
Lodging and Airfare

002
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Date of Disbursement
MM / DD / YYYY
11 / 02 / 2016

FEC Identification Number
C
Transaction ID : EXPB55
Amount of Each Disbursement this Period
680.53

Memo Item

Full Name (Last, First, Middle Initial)

C. Ground Floor Public Affairs Corp.

Mailing Address 20920 Outer Zayante Road

City Los Gatos State CA Zip Code 95033

Purpose of Disbursement
General Campaign Consulting and Postage

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement
MM / DD / YYYY
11 / 02 / 2016

FEC Identification Number
C
Transaction ID : EXPB53
Amount of Each Disbursement this Period
7581.50

Memo Item

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

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

9262.03

**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)
Building Bridges, Not Walls

| | | |
|---|-------------|--|
| Full Name (Last, First, Middle Initial) A. Ground Floor Public Affairs Corp. | | Date of Disbursement MM / DD / YYYY 11 / 03 / 2016 |
| Mailing Address 20920 Outer Zayante Road | | FEC Identification Number C [REDACTED] |
| City Los Gatos | State CA | Zip Code 95033 |
| Purpose of Disbursement General Campaign Consulting | | Category/Type 001 |
| Candidate Name | | Transaction ID : EXPB70 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Amount of Each Disbursement this Period 2500.00 |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|-------------|--|
| Full Name (Last, First, Middle Initial) B. Maravich Associates, LLC | | Date of Disbursement MM / DD / YYYY 11 / 15 / 2016 |
| Mailing Address 1801 Century Park East, Suite 1132 | | FEC Identification Number C [REDACTED] |
| City Los Angeles | State CA | Zip Code 90067 |
| Purpose of Disbursement Online Advertising | | Category/Type 004 |
| Candidate Name | | Transaction ID : EXPB75 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Amount of Each Disbursement this Period 4164.46 |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <input type="checkbox"/> Memo Item |
| State: District: | | |

| | | |
|---|-------------|--|
| Full Name (Last, First, Middle Initial) C. NGP VAN, Inc. | | Date of Disbursement MM / DD / YYYY 10 / 26 / 2016 |
| Mailing Address 1101 15th Street, NW, Suite 500 | | FEC Identification Number C [REDACTED] |
| City Washington | State DC | Zip Code 20005 |
| Purpose of Disbursement Database | | Category/Type 001 |
| Candidate Name | | Transaction ID : EXPB48 |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Amount of Each Disbursement this Period 4300.00 |
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | <input type="checkbox"/> Memo Item |
| State: District: | | |

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

10964.46

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

**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)
Building Bridges, Not Walls

A. River City Business Services

Full Name (Last, First, Middle Initial)

Mailing Address 5429 Madison Avenue

City Sacramento State CA Zip Code 95841

Purpose of Disbursement Bookkeeping, Postage, Copies, Supplies and Software Fee

Category/Type

Candidate Name

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

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 02 | | | 2016 | | | |

FEC Identification Number

Transaction ID : EXPB49
 Amount of Each Disbursement this Period

Memo Item

B. Select Bankcard

Full Name (Last, First, Middle Initial)

Mailing Address 170 Interstate Plaza, Suite 220

City Lehi State UT Zip Code 84043

Purpose of Disbursement Credit Card Processing Fee

Category/Type

Candidate Name

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

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 01 | | | 2016 | | | |

FEC Identification Number

Transaction ID : EXPB73
 Amount of Each Disbursement this Period

Memo Item

C. Trilogy Interactive, LLC

Full Name (Last, First, Middle Initial)

Mailing Address Post Office Box 4177

City Mountain View State CA Zip Code 94040

Purpose of Disbursement General Campaign Consulting, Website Design and Development

Category/Type

Candidate Name

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

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 02 | | | 2016 | | | |

FEC Identification Number

Transaction ID : EXPB50
 Amount of Each Disbursement this Period

Memo Item

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

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

**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)
Building Bridges, Not Walls

A. Villaraigosa, Antonio, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2742 Creston Drive

City Los Angeles State CA Zip Code 90068

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : EXPB66

Amount of Each Disbursement this Period: 1453.00

Memo Item

B. Philadelphia Marriott Downtown

Full Name (Last, First, Middle Initial)

Mailing Address 1201 Market Street

City Philadelphia State PA Zip Code 19107

Purpose of Disbursement Lodging

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : PDTB2EXPB6

Amount of Each Disbursement this Period: 1453.00

Memo Item

C. Villaraigosa, Antonio, , ,

Full Name (Last, First, Middle Initial)

Mailing Address 2742 Creston Drive

City Los Angeles State CA Zip Code 90068

Purpose of Disbursement Airfare

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 02 / 2016

FEC Identification Number: C

Transaction ID : EXPB68

Amount of Each Disbursement this Period: 221.10

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1674.10

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

**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)
Building Bridges, Not Walls

Full Name (Last, First, Middle Initial)

A. United Airlines

Mailing Address 233 South Wacker Drive

City Chicago State IL Zip Code 60606

Purpose of Disbursement
Airfare

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y
11 / 02 / 2016

FEC Identification Number
C
Transaction ID : PDTB3EXPB
Amount of Each Disbursement this Period
221.10

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number
C
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

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

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number
C
Amount of Each Disbursement this Period

Memo Item

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

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

0.00
24273.32

**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 |

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NAME OF COMMITTEE (In Full)
Building Bridges, Not Walls

Full Name (Last, First, Middle Initial)

A. Data-Clear

Mailing Address Post Office Box 3340

City Arlington State VA Zip Code 22203

Purpose of Disbursement
Non-Federal Email Communication

Candidate Name

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

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 04 | | | 2016 | | | |

FEC Identification Number
C

Transaction ID : EXPB71
Amount of Each Disbursement this Period
5007.66

Memo Item

Full Name (Last, First, Middle Initial)

B. GrassrootsLab

Mailing Address 1900 Point West Way, Suite 102

City Sacramento State CA Zip Code 95815

Purpose of Disbursement
Non-Federal Email Communication

Candidate Name

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

Date of Disbursement

| | | | | | | | | | |
|----|---|---|----|---|---|------|---|---|---|
| M | M | / | D | D | / | Y | Y | Y | Y |
| 11 | | | 04 | | | 2016 | | | |

FEC Identification Number
C

Transaction ID : EXPB72
Amount of Each Disbursement this Period
500.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

Date of Disbursement

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

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 5507.66 |
| TOTAL This Period (last page this line number only).....▶ | 5507.66 |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 12 OF 16 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Building Bridges, Not Walls

| | | | |
|--|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ALZA Strategies | | | Nature of Debt (Purpose): General Campaign Consulting |
| Mailing Address 10234 Sorenstam Drive | | | |
| City Sacramento | State CA | Zip Code 95829 | |

| | | |
|---|--------------------------------|---|
| Outstanding Balance Beginning This Period 10000.00 | Transaction ID : PAYD13 | |
| Amount Incurred This Period -10000.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 0.00 |

| | | | |
|--|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ALZA Strategies | | | Nature of Debt (Purpose): General Campaign Consulting |
| Mailing Address 10234 Sorenstam Drive | | | |
| City Sacramento | State CA | Zip Code 95829 | |

| | | |
|---|--------------------------------|---|
| Outstanding Balance Beginning This Period 10000.00 | Transaction ID : PAYD22 | |
| Amount Incurred This Period -10000.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 0.00 |

| | | | |
|--|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ground Floor Public Affairs Corp. | | | Nature of Debt (Purpose): General Campaign Consulting and Postage |
| Mailing Address 20920 Outer Zayante Road | | | |
| City Los Gatos | State CA | Zip Code 95033 | |

| | | |
|---|--------------------------------|---|
| Outstanding Balance Beginning This Period 37581.50 | Transaction ID : PAYD15 | |
| Amount Incurred This Period -30000.00 | Payment This Period 7581.50 | Outstanding Balance at Close of This Period 0.00 |

| | |
|--|------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 0.00 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 13 OF 16 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Building Bridges, Not Walls

| | | | |
|--|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ground Floor Public Affairs Corp. | | | Nature of Debt (Purpose): General Campaign Consulting |
| Mailing Address 20920 Outer Zayante Road | | | |
| City Los Gatos | State CA | Zip Code 95033 | |

| | | |
|---|--------------------------------|---|
| Outstanding Balance Beginning This Period 25000.00 | Transaction ID : PAYD20 | |
| Amount Incurred This Period -25000.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 0.00 |

| | | | |
|--|-------------|-------------------|--|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ground Floor Public Affairs Corp. | | | Nature of Debt (Purpose): Lodging and Airfare |
| Mailing Address 20920 Outer Zayante Road | | | |
| City Los Gatos | State CA | Zip Code 95033 | |

| | | |
|---|--------------------------------|---|
| Outstanding Balance Beginning This Period 680.53 | Transaction ID : PAYD21 | |
| Amount Incurred This Period 0.00 | Payment This Period 680.53 | Outstanding Balance at Close of This Period 0.00 |

| | | | |
|--|-------------|-------------------|--|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ground Floor Public Affairs Corp. | | | Nature of Debt (Purpose): General Campaign Consulting |
| Mailing Address 20920 Outer Zayante Road | | | |
| City Los Gatos | State CA | Zip Code 95033 | |

| | | |
|---|--------------------------------|---|
| Outstanding Balance Beginning This Period 25000.00 | Transaction ID : PAYD26 | |
| Amount Incurred This Period -25000.00 | Payment This Period 0.00 | Outstanding Balance at Close of This Period 0.00 |

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|--|------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 0.00 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 14 OF 16 |
| | FOR LINE NUMBER: (check only one) |
| | <input type="checkbox"/> 9 |
| | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
Building Bridges, Not Walls

| | | | |
|---|-------------|-------------------|--|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Trilogy Interactive, LLC | | | Nature of Debt (Purpose): General Campaign Consulting, Website Design and Development |
| Mailing Address Post Office Box 4177 | | | |
| City Mountain View | State CA | Zip Code 94040 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="12210.00"/> | Transaction ID : PAYD14 | |
| Amount Incurred This Period <input type="text" value="-11387.34"/> | Payment This Period <input type="text" value="822.66"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | | | |
|---|-------------|-------------------|--------------------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Villaraigosa, Antonio, , , | | | Nature of Debt (Purpose): Lodging |
| Mailing Address 2742 Creston Drive | | | |
| City Los Angeles | State CA | Zip Code 90068 | |

| | | |
|---|---|--|
| Outstanding Balance Beginning This Period <input type="text" value="1453.00"/> | Transaction ID : PAYD64 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="1453.00"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | | | |
|---|-------------|-------------------|--------------------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Villaraigosa, Antonio, , , | | | Nature of Debt (Purpose): Airfare |
| Mailing Address 2742 Creston Drive | | | |
| City Los Angeles | State CA | Zip Code 90068 | |

| | | |
|--|--|--|
| Outstanding Balance Beginning This Period <input type="text" value="221.10"/> | Transaction ID : PAYD65 | |
| Amount Incurred This Period <input type="text" value="0.00"/> | Payment This Period <input type="text" value="221.10"/> | Outstanding Balance at Close of This Period <input type="text" value="0.00"/> |

| | |
|--|-----------------------------------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | <input type="text" value="0.00"/> |
| 2) TOTALS This Period (last page this line number only)..... ▶ | <input type="text" value="0.00"/> |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | <input type="text"/> |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | <input type="text"/> |

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Building Bridges, Not Walls
FEC IDENTIFICATION NUMBER C C00617449

Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Data-Clear
Mailing Address Post Office Box 3340
City Arlington State VA Zip Code 22203
Purpose of Expenditure Email Communication Category/Type 24A
Date of Public Distribution/Dissemination 10/21/2016
Amount 5103.95
Transaction ID: PDTE1
Date of Disbursement or Obligation 11/02/2016

Name of Federal Candidate: Trump, Donald J., ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 25958.51

Full Name of Payee Data-Clear
Mailing Address Post Office Box 3340
City Arlington State VA Zip Code 22203
Purpose of Expenditure Email List Scrub Category/Type 24A
Date of Public Distribution/Dissemination 10/21/2016
Amount 800.00
Transaction ID: EDTEALC2
Date of Disbursement or Obligation 10/20/2016

Name of Federal Candidate: Trump, Donald J., ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 25958.51

(a) SUBTOTAL of Itemized Independent Expenditures 5903.95
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Copeland, Rita, ,

[Electronically Filed]

Date

12/08/2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

| | |
|---|--|
| NAME OF COMMITTEE (In Full) Building Bridges, Not Walls | FEC IDENTIFICATION NUMBER ▼ C C00617449 |
|---|--|

Check if 24-hour report 48-hour report New report Amends report filed on / /

| | |
|--|---|
| Full Name of Payee Political Data, Inc. <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address Post Office Box 59570 | Amount <input type="text"/> 20054.56 Transaction ID : EDTEALC1 Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/> |
| City Norwalk State CA Zip Code 90652 | |
| Purpose of Expenditure Mail File Category/Type <input type="text"/> 24A | |
| Name of Federal Candidate: Trump, Donald J., , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: CA |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 25958.51 | Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|---|
| Full Name of Payee <input type="checkbox"/> Memo Item | Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/> |
| Mailing Address | Amount <input type="text"/> |
| City State Zip Code | |
| Purpose of Expenditure Category/Type <input type="text"/> | |
| Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____ |
| Calendar Year-To-Date Per Election for Office Sought <input type="text"/> | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ |

| | |
|--|-------------------------------|
| (a) SUBTOTAL of Itemized Independent Expenditures | <input type="text"/> 20054.56 |
| (a) SUBTOTAL of Unitemized Independent Expenditures | <input type="text"/> |
| (a) TOTAL Independent Expenditures | <input type="text"/> 25958.51 |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Copeland, Rita, ,

[Electronically Filed]

Date

/ /

Signature