

# 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 and Restoring the American Dream Fund

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.

Carroll, Robert, E., , CPA

Type or Print Name of Treasurer

Signature of Treasurer Carroll, Robert, E., , CPA [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									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

**Building and Restoring the American Dream Fund**

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="2019"/>	<input type="text" value="12280.77"/>	<input type="text" value="12280.77"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="4925.16"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="36340.09"/>	<input type="text" value="65698.98"/>
(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="41265.25"/>	<input type="text" value="77979.75"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10206.83"/>	<input type="text" value="46921.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="31058.42"/>	<input type="text" value="31058.42"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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)

Write or Type Committee Name

**Building and Restoring the American Dream Fund**

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y  
07 / 01 / 2019 To: M M / D D / Y Y Y Y Y Y  
12 / 31 / 2019

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	1000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	1000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	23500.00	51000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	23500.00	52000.00
12. Transfers From Affiliated/Other Party Committees.....	12840.09	13698.98
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)).....▶	36340.09	65698.98
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	36340.09	65698.98

**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 .....	5256.83	12071.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5256.83	12071.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4250.00	31750.00
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.....	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).....	700.00	3100.00
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)) ..	10206.83	46921.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10206.83	46921.33

**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) .....	23500.00	52000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	23500.00	52000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	5256.83	12071.33
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5256.83	12071.33

**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 17
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**Building and Restoring the American Dream Fund**

**A. AMERICAN BANKERS ASSOCIATION PAC (BANKPAC)**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1120 CONNECTICUT AVENUE NW  
 SUITE 600  
 City WASHINGTON State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C** C00004275  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **12 / 12 / 2019**  
**Transaction ID : SA11C.4722**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. American Podiatric Medical Association (APMA) PAC**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 9312 Old Georgetown Road  
 City Bethesda State MD Zip Code 20814  
 FEC ID number of contributing federal political committee. **C** C00008839  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **11 / 12 / 2019**  
**Transaction ID : SA11C.4693**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**C. ELECTRONIC TRANSACTIONS ASSOCIATION POLITICAL ACTION COMMITTEE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1620 L STREET NW  
 SUITE 1020  
 City WASHINGTON State DC Zip Code 20036  
 FEC ID number of contributing federal political committee. **C** C00548198  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **10 / 09 / 2019**  
**Transaction ID : SA11C.4688**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	11000.00
<b>TOTAL</b> This Period (last page this line number only).....	

**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 7 OF 17
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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

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NAME OF COMMITTEE (In Full)  
**Building and Restoring the American Dream Fund**

**A. EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 2980 FAIRVIEW PARK DRIVE

City FALLS CHURCH	State VA	Zip Code 22042
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FEC ID number of contributing federal political committee. **C** C00088591

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2019

**Transaction ID : SA11C.4684**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B. National Association of Real Estate Investment Trusts (REIT) PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1875 I Street NW Suite 600

City Washington	State DC	Zip Code 20006
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FEC ID number of contributing federal political committee. **C** C00303339

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		11		2019

**Transaction ID : SA11C.4719**

Amount of Each Receipt this Period  
5000.00

Memo Item

**C. NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 430 NORTH MICHIGAN AVENUE

City CHICAGO	State IL	Zip Code 60611
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FEC ID number of contributing federal political committee. **C** C00030718

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12		02		2019

**Transaction ID : SA11C.4703**

Amount of Each Receipt this Period  
5000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	12500.00
<b>TOTAL</b> This Period (last page this line number only).....	23500.00

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

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NAME OF COMMITTEE (In Full)  
**Building and Restoring the American Dream Fund**

**A. Atkins, Thomas, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1201 Edgecliff Place  
 Suite 1061  
 City Cincinnati State OH Zip Code 45206  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA12.4744**  
 Amount of Each Receipt this Period  
 1400.00  
 Memo Item

**B. Bachman, Nathan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7824 Laurel Avenue  
 City Cincinnati State OH Zip Code 45243  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Bachman Group Occupation (for Individual) Financial Advisor/President  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3800.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA12.4747**  
 Amount of Each Receipt this Period  
 2800.00  
 Memo Item

**C. Brad Wenstrup Victory Fund**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 30844  
 City Bethesda State MD Zip Code 20824  
 FEC ID number of contributing federal political committee. **C** C00617480  
 Name of Employer (for Individual) Occupation (for Individual)  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 13698.98

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 12 / 31 / 2019  
**Transaction ID : SA12.4740**  
 Amount of Each Receipt this Period  
 12840.09  
 Memo Item  
 Transfer of Net Proceeds

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12840.09
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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NAME OF COMMITTEE (In Full)  
**Building and Restoring the American Dream Fund**

**A. Heidt, Robert, , , Jr.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9075 Cunningham Road

City Cincinnati	State OH	Zip Code 45243
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Wellington Orthopedics	Occupation (for Individual) Physician
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

**Transaction ID : SA12.4743**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. Warner, Geraldine, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8880 Old Indian Hill Road

City Cincinnati	State OH	Zip Code 45243
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2019

**Transaction ID : SA12.4742**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address

City	State	Zip Code
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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 M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	12840.09

**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 and Restoring the American Dream Fund**

Full Name (Last, First, Middle Initial)

**A. Campaign Financial Services**

Mailing Address PO Box 30844

City: Bethesda State: MD Zip Code: 20824

Purpose of Disbursement: PAC Compliance Consulting

001  
Category/Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
07 / 09 / 2019

FEC Identification Number  
C  
Transaction ID : SB21B.4674  
Amount of Each Disbursement this Period  
400.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Campaign Financial Services**

Mailing Address PO Box 30844

City: Bethesda State: MD Zip Code: 20824

Purpose of Disbursement: PAC Compliance Consulting

001  
Category/Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
08 / 09 / 2019

FEC Identification Number  
C  
Transaction ID : SB21B.4675  
Amount of Each Disbursement this Period  
400.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Campaign Financial Services**

Mailing Address PO Box 30844

City: Bethesda State: MD Zip Code: 20824

Purpose of Disbursement: PAC Compliance Consulting

001  
Category/Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
09 / 09 / 2019

FEC Identification Number  
C  
Transaction ID : SB21B.4679  
Amount of Each Disbursement this Period  
28.63

Memo Item

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

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

828.63

**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 and Restoring the American Dream Fund**

Full Name (Last, First, Middle Initial)

**A. Campaign Financial Services**

Mailing Address PO Box 30844

City  
Bethesda

State  
MD

Zip Code  
20824

Purpose of Disbursement  
PAC Compliance Consulting

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 09 / 2019

FEC Identification Number

C

**Transaction ID : SB21B.4680**

Amount of Each Disbursement this Period

400.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Campaign Financial Services**

Mailing Address PO Box 30844

City  
Bethesda

State  
MD

Zip Code  
20824

Purpose of Disbursement  
PAC Compliance Consulting

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
10 / 09 / 2019

FEC Identification Number

C

**Transaction ID : SB21B.4685**

Amount of Each Disbursement this Period

400.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Campaign Financial Services**

Mailing Address PO Box 30844

City  
Bethesda

State  
MD

Zip Code  
20824

Purpose of Disbursement  
PAC Compliance Consulting

001

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
11 / 12 / 2019

FEC Identification Number

C

**Transaction ID : SB21B.4694**

Amount of Each Disbursement this Period

400.00

Memo Item

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

1200.00

**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 and Restoring the American Dream Fund**

Full Name (Last, First, Middle Initial)

**A. Campaign Financial Services**

Mailing Address PO Box 30844

City  
Bethesda

State  
MD

Zip Code  
20824

Purpose of Disbursement  
PAC Compliance Consulting

001

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
12			09			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4720

Amount of Each Disbursement this Period

[REDACTED] 400.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Queen City Club**

Mailing Address 331 East Fourth Street

City  
Cincinnati

State  
OH

Zip Code  
45202

Purpose of Disbursement  
PAC Catering

003

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
12			03			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4701

Amount of Each Disbursement this Period

[REDACTED] 1028.20

Memo Item

Full Name (Last, First, Middle Initial)

**C. Wuellner, Maggie, , ,**

Mailing Address 3422 Custer Street

City  
Cincinnati

State  
OH

Zip Code  
45208

Purpose of Disbursement  
PAC Fundraising Consulting

003

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
07			19			2019			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.4748

Amount of Each Disbursement this Period

[REDACTED] 300.00

Memo Item

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

[REDACTED] 1728.20

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

[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)  
**Building and Restoring the American Dream Fund**

**A. Wuellner, Maggie, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3422 Custer Street

City Cincinnati State OH Zip Code 45208

Purpose of Disbursement PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 26 / 2019

FEC Identification Number: C

Transaction ID : **SB21B.4678**

Amount of Each Disbursement this Period: 300.00

Memo Item

**B. Wuellner, Maggie, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3422 Custer Street

City Cincinnati State OH Zip Code 45208

Purpose of Disbursement PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 20 / 2019

FEC Identification Number: C

Transaction ID : **SB21B.4681**

Amount of Each Disbursement this Period: 300.00

Memo Item

**C. Wuellner, Maggie, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3422 Custer Street

City Cincinnati State OH Zip Code 45208

Purpose of Disbursement PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 18 / 2019

FEC Identification Number: C

Transaction ID : **SB21B.4692**

Amount of Each Disbursement this Period: 300.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 900.00

**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 and Restoring the American Dream Fund**

**A. Wuellner, Maggie, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3422 Custer Street

City Cincinnati State OH Zip Code 45208

Purpose of Disbursement PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 11 / 20 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4695

Amount of Each Disbursement this Period: 300.00

Memo Item

**B. Wuellner, Maggie, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 3422 Custer Street

City Cincinnati State OH Zip Code 45208

Purpose of Disbursement PAC Fundraising Consulting

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 12 / 20 / 2019

FEC Identification Number: C

Transaction ID : SB21B.4724

Amount of Each Disbursement this Period: 300.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

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:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	600.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5256.83

**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 checked="" 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 and Restoring the American Dream Fund**

Full Name (Last, First, Middle Initial)

**A. AMERICANS FOR PARNELL COMMITTEE**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	11	/	2019

Mailing Address PO BOX 1488

FEC Identification Number

**C** C00724914

City CRANBERRY TOWNSHIP State PA Zip Code 16066

**Transaction ID : SB23.4712**

Purpose of Disbursement PAC Political Contribution

**011**  
Category/  
Type

Amount of Each Disbursement this Period

1000.00

Candidate Name Parnell, Richard Sean, , ,

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: PA District: 17

Memo Item

Full Name (Last, First, Middle Initial)

**B. ELISE FOR CONGRESS**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12	/	11	/	2019

Mailing Address PO BOX 500

FEC Identification Number

**C** C00547893

City GLENS FALLS State NY Zip Code 12801

**Transaction ID : SB23.4708**

Purpose of Disbursement PAC Political Contribution

**011**  
Category/  
Type

Amount of Each Disbursement this Period

1000.00

Candidate Name Stefanik, Elise, , ,

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: NY District: 21

Memo Item

Full Name (Last, First, Middle Initial)

**C. Judge Amy Searcy Committee**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11	/	26	/	2019

Mailing Address 8668 Mount Hope Rd

FEC Identification Number

**C**

City Harrison State OH Zip Code 45030

**Transaction ID : SB23.4696**

Purpose of Disbursement PAC State Political Contribution

**011**  
Category/  
Type

Amount of Each Disbursement this Period

1000.00

Candidate Name Searcy, Amy, , ,

Office Sought:  House  Senate  President  
 Disbursement For: 2020  Primary  General  Other (specify) ▼  
 State: OH District:

Memo Item

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

3000.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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 and Restoring the American Dream Fund**

**A. Kennedy for Ohio**

Full Name (Last, First, Middle Initial)  
Mailing Address 260 N Cassady Ave

City Columbus State OH Zip Code 43209

Purpose of Disbursement  
PAC State Political Contribution

Candidate Name  
**Kennedy, Sharon, , ,**

Office Sought:  House  Senate  President  
State: OH District:

Disbursement For: 2020  
 Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 10 / 2019

FEC Identification Number: C  
Transaction ID : SB23.4705  
Amount of Each Disbursement this Period: 1000.00

Memo Item

**B. Wright for Baltimore**

Full Name (Last, First, Middle Initial)  
Mailing Address 3114 Northway Dr

City Baltimore State MD Zip Code 21234

Purpose of Disbursement  
PAC Local Political Contribution

Candidate Name  
**Wright, Shannon, , ,**

Office Sought:  House  Senate  President  
State: MD District:

Disbursement For: 2020  
 Primary  General  Other (specify)

Date of Disbursement: 10 / 17 / 2019

FEC Identification Number: C  
Transaction ID : SB23.4691  
Amount of Each Disbursement this Period: 250.00

Memo Item

**C.**

Full Name (Last, First, Middle Initial)  
Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1250.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4250.00

**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

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NAME OF COMMITTEE (In Full)  
**Building and Restoring the American Dream Fund**

**A. Turner Farm Preservation Foundation, Inc**

Full Name (Last, First, Middle Initial)

Mailing Address 201 E. Fifth Street  
Suite 900

City Cincinnati State OH Zip Code 45202

Purpose of Disbursement PAC Charitable Donation

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 08 / 14 / 2019

FEC Identification Number: C

Transaction ID : SB29.4676

Amount of Each Disbursement this Period: 500.00

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	500.00