FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

(b) Address (number and street) check if different than previously reported 450 Massachusetts Ave NW 3be 650 (c) City, State and ZIP Code Washington DC 2. Occupation and Name of Employer (for Individual Filers Only) 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report Jaluary 31 Year-End Report January 31 Year-End Report S. COVERING PERIOD: FROM 0 0 0 2. OTAL CONTRIBUTIONS 0 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 1 0 2 0 1 0 1 0 1 0 1 0	1. (a) Name of Individual, Organization or Corporation American Bridge 21st Century Foundation		
Washington DC 2001 S. FEC (defitthcation Number) 2. Occupation and Name of Employer (for Individual Filers Only) C 00012782 C 00012782 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24-Hour Report 3. July 15 Quarterly Report 24-Hour Report 34-Hour Report July 15 Quarterly Report 48-Hour Report July 15 Quarterly Report 48-Hour Report January 31 Year-End Report 48-Hour Report b) Is this Report an amendment? No You (Check Report and Report) Yes, it amends the report filed on 5. COVERING PERIOD: FROM FROM 07 08 Yes, it amends the report filed on 5. COVERING PERIOD: FROM FROM 07 09 You Yes, it amends the report filed on 1000.00 THROUGH 99 You Yes, it amends the report filed on 0.00 THROUGH 99 0.00 THROUGH 99 0.00 Yes, it amends the report second through the independent expanditues reported herein were not made in cooperation, consultation, or concert with, or at the request of suggestion of any candidate or subor	455 Massachusetts Ave NW	y reported	
Washington DC 20001 2. Occupation and Name of Employer (for Individual Filers Only) C C 00012782 4. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report 24 Hour Report 3. July 15 Quarterly Report 24 Hour Report 348 Hour Report 348 Hour Report 9. July 15 Quarterly Report 48 Hour Report 48 Hour Report 9. July 15 Quarterly Report 148 Hour Report 148 Hour Report 9. July 15 Quarterly Report 148 Hour Report 148 Hour Report 9. July 15 Quarterly Report 148 Hour Report 148 Hour Report 9. July 15 Quarterly Report 148 Hour Report 148 Hour Report 9. July 15 Quarterly Report 148 Hour Report 1000 0 9. July 15 Beport an amendment? No Yes, it amends the report filled on 1000 0 5. COVERING PERIOD: FROM 77 (01 (2018) 2018 0.00 7. TOTAL CONTRIBUTIONS 1000 0 0.00 0.00 0.00 7. TOTAL INDEPENDENT EXPENDITURES 10000 0 0.00 0.00 0.00 Urder senably of poly 1 certify that the Independent expanditures reported herein vere not made in cooperation, consultation, or concert with,	(c) City, State and ZIP Code		3. FEC Identification Number
Cooperation and hank of Employer (of includear here of the source) A. TYPE OF REPORT (check appropriate boxes): (a) April 15 Quarterly Report July 15 Quarterly Report July 15 Quarterly Report July 15 Quarterly Report January 31 Year-End Report January 31 Year-End Report January 31 Year-End Report January 31 Year-End Report Jonuary 31 Year-End Report 30 Year-End Report Jonuary 31 Year-End Report 30 Year-End Report Jonuary 31 Year-End Report 30 Year-En	Washington DC	20001	
(a) April 15 Quarterly Report 24-Hour Report (a) U/U 15 Quarterly Report 24-Hour Report (a) October 15 Quarterly Report 24-Hour Report (a) January 31 Year-End Report 48-Hour Report (b) Is this Report an amendment? Image: No (c) (c) (c) (c) (c)	2. Occupation and Name of Employer (for Individual Filers Only)		С С90012782
b) Is this Report an amendment? INO Yes, it amends the report filed on Yes, it amends the report of the rep	(a) April 15 Quarterly Report	·	
FROM 07 01 2018 THROUGH 09 30 2018 6. TOTAL CONTRIBUTIONS		it amends the report filed on	
7. TOTAL INDEPENDENT EXPENDITURES 10000.00 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 any political party committee or its agent. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE Mollineau, Rodell, , , 11/13/2018	FROM 07 01	2018	
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 any political party committee or its agent. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE Mollineau, Rodell, , , Mollineau, Rodell, , , 11/13/2018	6. TOTAL CONTRIBUTIONS		0.00
of, any candidate or authorized committee or agent of either, or any political party committee or its agent. TYPE OR PRINT NAME OF PERSON COMPLETING FORM SIGNATURE DATE Mollineau, Rodell, , , Mollineau, Rodell, , , 11/13/2018	7. TOTAL INDEPENDENT EXPENDITURES	[.]	10000.00
Mollineau, Rodell, , , [Electronically Filed] Mollineau, Rodell, , , 11/13/2018			, or concert with, or at the request or suggestion
11/13/2018	TYPE OR PRINT NAME OF PERSON COMPLETING FORM	[Ele	
·	Mollineau, Rodell, , ,	Mollineau, Rodell, , ,	11/13/2018
	NOTE: Submission of false, erroneous or incomplete information may s	ubject the person signing this report to	

For further information, contact: Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

Image# 201811149133678475

SCHEDULE 5-E ITEMIZED INDEPENDENT EXPENDITURES

NAME OF FILER (In Full) American Bridge 21st Century Foundation PAGE 2 OF 2 FOR LINE 7 OF FORM 5

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissen	Date of Public Distribution/Dissemination	
Lim Consulting Services, LLC				
Mailing Address 1700 Kalorama Rd	NW			2018
Apt 404			Amount	
City	State	Zip Code	100	00.00
Washington	DC	20009-3577	Transaction ID : VQZETAEGDP	
Purpose of Expenditure		Category/	Office Sought: X House State	011
Advertising		Type 004	Senate	12
Name of Federal Candidate Supporte	d or Opposed by Expend	iture:	President	x:
Balderson, Troy, , ,		Check One: Support X	Oppose	
Calendar Year-To-Date Per Elec		10000.00	2018	General
for Office Sou	ignt	1	X Other (specify) Special Ger	
Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissen	Date of Public Distribution/Dissemination	
		M M / D D / Y	Y Y Y	
Mailing Address				
		Amount		
City State Zip Code				
		_p		
Purpose of Expenditure				
		Category/ Type	Office Sought: House Stat	te:
Newson (Endews) Operativity of Operativ			President	ct:
Name of Federal Candidate Supported or Opposed by Expenditure:			Oppose	
				oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary General		
for Office Sought		Other (specify)		
Full Name (Last, First, Middle Initial) of Payee			Date of Public Distribution/Dissen	nination
			M M / D D / Y	Y Y Y Y
Mailing Address				
		Amount		
City	State	Zip Code		
	Oldie			
Duran a set Francisca l'horre				
Purpose of Expenditure		Category/ Type	Office Sought: House Stat	e:
			Senate Distric	xt:
Name of Federal Candidate Supported or Opposed by Expenditure:		President	-	
			Check One: Support	Oppose
Calendar Year-To-Date Per Election		Disbursement For: Primary 0	General	
for Office Sou	ght		Other (specify)	
1				
(a) SUBTOTAL of Itemized Independe	nt Expenditures		► 10000).00
(b) SUBTOTAL of Unitemized Indeper	ndent Expenditures			
			LIAIAI	
(c) TOTAL Independent Expenditures.			10000	00
(carry total from last page for				

FEC Schedule 5 (REV. 09/2013)