

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 Building and Restoring the American Dream Fund

ADDRESS (number and street) PO Box 30844 Bethesda MD 20824 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE 3. IS THIS REPORT NEW (N) OR AMENDED (A) C C00590356 X (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 10 / 01 / 2023 through 12 / 31 / 2023

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

Signature of Treasurer Carroll, Robert, E., , CPA Date 01 / 30 / 2024

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

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="2023"/>	<input type="text" value="29160.85"/>	<input type="text" value="29160.85"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="33043.98"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="37500.00"/>	<input type="text" value="192257.72"/>
(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="70543.98"/>	<input type="text" value="221418.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="14138.88"/>	<input type="text" value="165013.47"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="56405.10"/>	<input type="text" value="56405.10"/>
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Building and Restoring the American Dream Fund

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).....	5000.00	16300.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5000.00	16300.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	32500.00	169000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	37500.00	185300.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	6957.72
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)).....▶	37500.00	192257.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	37500.00	192257.72

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	12138.88	105113.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	12138.88	105113.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	60050.00
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).....	0.00	- 150.00
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)) ..	14138.88	165013.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14138.88	165013.47

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)	37500.00	185300.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	37500.00	185300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	12138.88	105113.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12138.88	105113.47

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Swanson, Nancy, K, ,

Mailing Address **2073 6th St**

City **Onekama** State **ME** Zip Code **49675**

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
11 / 17 / 2023

Transaction ID : SA11AI.5753

Amount of Each Receipt this Period
5000.00

Memo Item

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

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

Amount of Each Receipt this Period

Memo Item

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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 7 OF 14
<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. AIR METHODS CORPORATION POLITICAL ACTION COMMITTEE (AMPAC)
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5500 S. QUEBEC STREET, SUITE 300
 ATTN: JAELYNN WILLIAMS
 City GREENWOOD VILLAGE State CO Zip Code 80111
 FEC ID number of contributing federal political committee. **C** C00529909
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3500.00

Date of Receipt **10 / 30 / 2023**
Transaction ID : SA11C.5735
 Amount of Each Receipt this Period 3500.00
 Memo Item

B. AMERICAN INSTITUTE OF CERTIFIED PUBLIC ACCOUNTANTS POLITICAL ACTION COMMITTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PALLADIAN 1
 220 LEIGH FARM RD
 City DURHAM State NC Zip Code 27707
 FEC ID number of contributing federal political committee. **C** C00077321
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **11 / 06 / 2023**
Transaction ID : SA11C.5737
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. ARNOLD & PORTER KAYE SCHOLER LLP (APKS) PARTNERS POLITICAL ACTION COMMITTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 601 MASSACHUSETTS AVE. NW
 City WASHINGTON State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C** C00216895
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **12 / 31 / 2023**
Transaction ID : SA11C.5750
 Amount of Each Receipt this Period 2500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	11000.00
TOTAL 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 8 OF 14
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. FEDERATION OF AMERICAN HOSPITALS PAC

Mailing Address **750 9TH STREET NW
SUITE 600**

City **WASHINGTON** State **DC** Zip Code **20001**

FEC ID number of contributing federal political committee. **C C00002261**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt
10 / 30 / 2023

Transaction ID : SA11C.5733

Amount of Each Receipt this Period
3500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. FRATERNITY & SORORITY POLITICAL ACTION COMMITTEE

Mailing Address **PO BOX 40383**

City **WASHINGTON** State **DC** Zip Code **20016**

FEC ID number of contributing federal political committee. **C C00410068**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
12 / 31 / 2023

Transaction ID : SA11C.5755

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. National Association of Real Estate Investment Trusts (REIT) PAC

Mailing Address **1875 I Street NW
Suite 600**

City **Washington** State **DC** Zip Code **20006**

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 ▼
2500.00

Date of Receipt
10 / 24 / 2023

Transaction ID : SA11C.5732

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	9000.00
TOTAL 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 14
<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. TAKEDA PHARMACEUTICALS AMERICA INC. POLITICAL ACTION COMMITTEE

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

Mailing Address 95 HAYDEN AVENUE

City LEXINGTON	State MA	Zip Code 02421
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FEC ID number of contributing federal political committee. **C** C00441733

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
12	/	11	/	2023

Transaction ID : SA11C.5751

Amount of Each Receipt this Period
2500.00

Memo Item

B. US Oncology Network PAC

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

Mailing Address 10101 Woodloch Forest Drive

City The Woodlands	State TX	Zip Code 77380
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FEC ID number of contributing federal political committee. **C** C00339655

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	/	2023

Transaction ID : SA11C.5752

Amount of Each Receipt this Period
5000.00

Memo Item

C. Wenstrup for Congress

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

Mailing Address PO Box 9551

City Cincinnati	State OH	Zip Code 45209
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FEC ID number of contributing federal political committee. **C** C00497818

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
11	/	09	/	2023

Transaction ID : SA11C.5738

Amount of Each Receipt this Period
5000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	12500.00
TOTAL This Period (last page this line number only).....	32500.00

**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)

Building and Restoring the American Dream Fund

Full Name (Last, First, Middle Initial)

A. American Airlines

Mailing Address 1 Skyview Dr

City
Fort Worth

State
TX

Zip Code
76155

Purpose of Disbursement

Memo from Greg Brooks : Airfare

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5758

Amount of Each Disbursement this Period

[REDACTED] 546.80

Memo Item

Full Name (Last, First, Middle Initial)

B. Brooks, Greg, , ,

Mailing Address 1000 New Jersey Ave

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement

See Memo Item

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			22			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5742

Amount of Each Disbursement this Period

[REDACTED] 546.80

Memo Item

Full Name (Last, First, Middle Initial)

C. CFS Compliance

Mailing Address PO Box 30844

City
Bethesda

State
MD

Zip Code
20824

Purpose of Disbursement

Compliance Consulting

Candidate Name

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:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			10			2023			

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5729

Amount of Each Disbursement this Period

[REDACTED] 400.00

Memo Item

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

[REDACTED] 946.80

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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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

Form A: CFS Compliance. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

Form B: CFS Compliance. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

Form C: HALO. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, Amount of Each Disbursement, and Memo Item.

SUBTOTAL of Disbursements This Page (optional) and 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. The Townsend Group

Mailing Address 1006 Pendelton Street

City
Alexandria

State
VA

Zip Code
22314

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
10			02			2023			

FEC Identification Number

C
Transaction ID : SB21B.5717

Amount of Each Disbursement this Period

1450.00

Memo Item

Full Name (Last, First, Middle Initial)

B. The Townsend Group

Mailing Address 1006 Pendelton Street

City
Alexandria

State
VA

Zip Code
22314

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
11			02			2023			

FEC Identification Number

C
Transaction ID : SB21B.5745

Amount of Each Disbursement this Period

2824.58

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
10			23			2023			

FEC Identification Number

C
Transaction ID : SB21B.5736

Amount of Each Disbursement this Period

300.00

Memo Item

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

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

4574.58

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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. Full Name (Last, First, Middle Initial)
Wuellner, Maggie, , ,

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 11 / 21 / 2023

FEC Identification Number: C

Transaction ID : **SB21B.5746**

Amount of Each Disbursement this Period: 300.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Wuellner, Maggie, , ,

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 22 / 2023

FEC Identification Number: C

Transaction ID : **SB21B.5744**

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	12138.88

**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. SCALISE FOR CONGRESS

Mailing Address PO BOX 23219

City
JEFFERSON

State
LA

Zip Code
70183

Purpose of Disbursement
Political Contribution

Category/
Type

Candidate Name
SCALISE, STEVE MR, , ,

Office Sought: House
 Senate
 President
State: LA District: 01

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	9		2	0	2	3

FEC Identification Number

Transaction ID : SB23.5747

Amount of Each Disbursement this Period

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

FEC Identification Number

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

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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