

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 Bridge the Gap PAC

ADDRESS (number and street) PO Box 83142 Gaithersburg MD 20883 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00655423 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X]

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 Election on 11/03/2020 in the State of MD

5. Covering Period 10/15/2020 through 11/23/2020

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

Signature of Treasurer Karton, Deborah, , , [Electronically Filed] Date 12/03/2020

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

**Bridge the Gap PAC**

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="2020"/>	<input type="text" value="18243.56"/>	<input type="text" value="18243.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7437.29"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="8200.00"/>	<input type="text" value="97250.00"/>
(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="15637.29"/>	<input type="text" value="115493.56"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="9500.00"/>	<input type="text" value="109356.27"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="6137.29"/>	<input type="text" value="6137.29"/>
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

Write or Type Committee Name

**Bridge the Gap PAC**

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

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	700.00	18700.00
(ii) Unitemized .....	0.00	50.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	700.00	18750.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	7500.00	78500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	8200.00	97250.00
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)).....▶	8200.00	97250.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8200.00	97250.00

**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 .....	0.00	24206.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	24206.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9500.00	85150.00
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	0.00
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)) ..	9500.00	109356.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9500.00	109356.27

**DETAILED SUMMARY PAGE**  
of Disbursements

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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) .....	8200.00	97250.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8200.00	97250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	24206.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	24206.27

**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 10
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)  
**Bridge the Gap PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Kay, Debra, Dann, ,

Mailing Address 1369 Waters Edge Ln

City Northbrook	State IL	Zip Code 60062-2746
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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: 2020  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
700.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
10		27		2020

**Transaction ID : VR03HN9BK30**

Amount of Each Receipt this Period  
700.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	700.00
<b>TOTAL</b> This Period (last page this line number only).....	700.00

**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 10
<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)  
**Bridge the Gap PAC**

**A. THE GRANT THORNTON LLP POLITICAL ACTION COMMITTEE LLC**

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

Mailing Address 171 N Clark St  
Ste 200

City Chicago	State IL	Zip Code 60601-3370
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FEC ID number of contributing federal political committee. **C** C00408260

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
11	/	04	/	2020

**Transaction ID : VR03HNAQP56**

Amount of Each Receipt this Period  
2500.00

Memo Item

**B. SCHNEIDER FOR CONGRESS**

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

Mailing Address PO Box 1318

City Deerfield	State IL	Zip Code 60015-6005
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FEC ID number of contributing federal political committee. **C** C00495952

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
10	/	26	/	2020

**Transaction ID : VR03HNAX9M6**

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
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	7500.00

**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 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)  
**Bridge the Gap PAC**

Full Name (Last, First, Middle Initial)  
**A. DEBBIE FOR CONGRESS**

Mailing Address PO Box 566442

City Miami State FL Zip Code 33256-6442

Purpose of Disbursement  
Contribution

Candidate Name  
**MUCARSEL-POWELL, DEBBIE, , ,**

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

State: FL District: 26

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2020

FEC Identification Number

C C00652065  
**Transaction ID : VQZ49AH2S**  
Amount of Each Disbursement this Period  
2000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. FRIENDS OF CHERI BUSTOS**

Mailing Address PO Box 65322

City Washington State DC Zip Code 20035-5322

Purpose of Disbursement  
Contribution

Candidate Name  
**BUSTOS, CHERI, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2020  Primary  General  Other (specify)

State: IL District: 17

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2020

FEC Identification Number

C C00498568  
**Transaction ID : VQZ49AH2S**  
Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. KENDRA HORN FOR CONGRESS**

Mailing Address PO Box 54375

City Oklahoma City State OK Zip Code 73154-1375

Purpose of Disbursement  
Contribution

Candidate Name  
**HORN, KENDRA, , ,**

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

State: OK District: 05

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2020

FEC Identification Number

C C00648915  
**Transaction ID : VQZ49AH2S**  
Amount of Each Disbursement this Period  
1000.00

Memo Item

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

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

5500.00



**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 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)  
**Bridge the Gap PAC**

**A. SPANBERGER FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3121

City: Glen Allen, State: VA, Zip Code: 23058-3121

Purpose of Disbursement: Contribution

Candidate Name: **SPANBERGER, ABIGAIL, , ,**

Office Sought:  House,  Senate,  President  
 Disbursement For: 2020,  Primary,  General,  Other (specify) ▼  
 State: VA, District: 07

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2020

FEC Identification Number

**C** C00649913

Transaction ID : **VQZ49AH2S**  
Amount of Each Disbursement this Period

1000.00

Memo Item

**B. TOM MALINOWSKI FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 263

City: Somerville, State: NJ, Zip Code: 08876-0263

Purpose of Disbursement: Contribution

Candidate Name: **MALINOWSKI, TOM, , ,**

Office Sought:  House,  Senate,  President  
 Disbursement For: 2020,  Primary,  General,  Other (specify) ▼  
 State: NJ, District: 07

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2020

FEC Identification Number

**C** C00656686

Transaction ID : **VQZ49AH2SR**  
Amount of Each Disbursement this Period

1000.00

Memo Item

**C. TJ COX FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 804

City: Selma, State: CA, Zip Code: 93662-0804

Purpose of Disbursement: Contribution

Candidate Name: **COX, TERRANCE JOHN (TJ), , ,**

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

Date of Disbursement

MM / DD / YYYY  
10 / 26 / 2020

FEC Identification Number

**C** C00648956

Transaction ID : **VQZ49AH2S**  
Amount of Each Disbursement this Period

1000.00

Memo Item

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

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

3000.00

**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 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)  
**Bridge the Gap PAC**

Full Name (Last, First, Middle Initial) <b>A. MAX ROSE FOR CONGRESS</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 26 / 2020	
Mailing Address PO Box 100496			
City Staten Island	State NY	Zip Code 10310-0496	
Purpose of Disbursement Contribution		FEC Identification Number C 00652248 <b>Transaction ID : VQZ49AH2SV</b> Amount of Each Disbursement this Period 1000.00	
Candidate Name <b>ROSE, MAX, , ,</b>		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 11	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		FEC Identification Number C	
Candidate Name		Amount of Each Disbursement this Period	
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		FEC Identification Number C	
Candidate Name		Amount of Each Disbursement this Period	
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:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9500.00