PAGE 1 / 8

Image# 202206199515031785

FEC FORM 3Y

REPORT OF RECEIPTS AND DISBURSEMENTS

I OKWI 3X	For Other Than An Au	thorized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, ty over the lines.	pe 12FE4M5
Bridge the Gap PAC			
ADDRESS (number and street)	PO Box 83142		
▼ Check if different			
than previously reported. (ACC)	Gaithersburg		MD 20883
2. FEC IDENTIFICATION N	UMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00655423		IS THIS REPORT X NEW (N)	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:		0 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Ma	r 20 (M3) x Jun 20	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (r 20 (M4) Jul 20	(M7) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report ((C) 12-Day	Primary (12P)	General (12G) Runoff (12R)
October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (January 31 Year-End Report (Ele eti	ion on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	on (d) 30-Day POST-Election	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)		ion on	in the State of
5. Covering Period 0	5 01 2022	through	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
I certify that I have examined to	Karton, Deborah, , ,	of my knowledge and belief	it is true, correct and complete.
Type of Fine Hame of Heasun			
Signature of Treasurer	ton, Deborah, , ,	[Electronically Filed	Date 06 19 2022
NOTE: Submission of false, error	neous, or incomplete information	on may subject the person si	gning this Report to the penalties of 52 U.S.C. § 30109
Office Use Only			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE

OF FEC Form 3X (Rev. 05/2016)	RECEIPTS AND DISBURSEMENTS	Ⅰ Page 2
Write or Type Committee Name		. ago _
Bridge the Gap PAC		
Enago ino Cap i 710		
Report Covering the Period: From: 05	/ 01 / Y Y Y Y Y TO:	05 / 31 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
-	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2022		24877.12
(b) Cash on Hand at Beginning of Reporting Period	7869.87	
(c) Total Receipts (from Line 19)	6500.00	29000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	14369.87	53877.12
7. Total Disbursements (from Line 31)	3338.84	42846.09
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	11031.03	11031.03
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
This committee has qualified as a multicand	didate committee. (see FEC FORM 1M)	
Fo	or further information contact:	
	Federal Election Commission 999 E Street, NW Washington, DC 20463	
	Toll Free 800-424-9530	

Local 202-694-1100

(such as PACs).....

(d) Total Contributions (add Lines

	DETAILED SUMMARY PAGE	
FEC Form 3X (Rev. 05/2016)	of Receipts	Page 3
Write or Type Committee Name		
Bridge the Gap PAC		
Report Covering the Period: From:		To: 05 31 / 2022
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	0.00 8000.00
(b) Political Party Committees	0.00 6500.00	0.00 21000.00

11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	6500.00	29000.00
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
 Offsets To Operating Expenditures (Refunds, Rebates, etc.) 		, , , , , , , , , , , , , , , , , , , ,
(,,,,		

	(Carry Totals to Line 37, page 5)	L.	,		,		0.00	L.	i	-			,	0.00
16.	Refunds of Contributions Made													
	to Federal Candidates and Other	_	_	-	-	-			-	-	-	-		
	Political Committees	١.	 				0.00	Ι.						0.00
17.	Other Federal Receipts		,		,					,			,	
	(Dividends, Interest, etc.)						0.00	Ι.						0.00
18.	Transfers from Non-Federal and Levin Funds		,		,					,			,	

3. Transfers from Non-Federal and Levin Funds		-	_	_	7					h	Ť	Ť	1	Ť	_	7	÷	Ť	-	
(a) Non-Federal Account					7				7	П										
(from Schedule H3)		-7			7		(0.00	_	L			-7			-9-		(0.00	
	-	-	-	-	-	-	-	-	-	Е	-	-	-	-	-	-	-	-	-	

(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))	6500.00 290	00.00
20.	Total Federal Receipts		

19.	Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))▶	6500.00	29000.00
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	6500.00	29000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Caronida Four to Date
0.00	0.00
0.00	0.00
4 4	
338.84	18846.09
338.84	18846.09
	0.00
0.00	0.00
3000.00	24000.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
	4 4
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
0.00	0.00
4 4	0.00
0))	
0.00	0.00
0.00	0.00
4 4	
0.00	0.00
0.00	0.00
T T T T T T T T T T T T T T T T T T T	
2220 04	42846.09
3330.04	42040.09
3338.84	42846.09
	Total This Period 0.00 0.00 338.84 338.84 0.00

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	6500.00	29000.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6500.00	29000.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	338.84	18846.09
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	338.84	18846.09

SCHEDULE A (FEC Form 3X)			Use separate schedule(s)	FOR LINE NUMBER: PAGE 6 OF 8 (check only one)							
IT	EMIZED RECEIPTS		for each category of the Detailed Summary Page	11a 11b X 11c 12 13 14 15 16 17							
	y information copied from such Reports and Sta for commercial purposes, other than using the										
	NAME OF COMMITTEE (In Full) Bridge the Gap PAC										
Α.	Full Name of Individual (Last, First, Middle Initi HONEYWELL INTERNATIONAL POLITION	al) or Full C CAL ACTION	Organization Name ON COMMITTEE	Date of Receipt							
	Mailing Address 101 Constitution Ave NW SUITE 500 WEST			05 16 2022							
	City Solves 1	State	Zip Code	Transaction ID : VR03HNRCYQ2							
	Washington	DC	20001-2133	Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C co	00096156	1500.00							
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	* Earmarked Contribution: See Below							
В.	Full Name of Individual (Last, First, Middle Initi. NEW DEMOCRAT COALITION ACT Mailing Address 233 Pennsylvania Ave SE			Date of Receipt							
	FI 2	05 18 2022									
	City Washington	State DC	Zip Code 20003-1121	Transaction ID : VR03HNRCYQ2E Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C co	0409730	1500.00							
	Name of Employer (for Individual)		cupation (for Individual) nduit total listed in Agg. field	✗ Memo Item							
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1500.00	Note: Above Contribution earmarked through this organization.							
	Full Name of Individual (Last, First, Middle Initi NEW DEMOCRAT COALITION AC			Date of Receipt							
	Mailing Address 233 Pennsylvania Ave SE Fl 2	State		05 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y							
	City Washington		Zip Code 20003-1121	Transaction ID : VR03HNR72T5 Amount of Each Receipt this Period							
	FEC ID number of contributing federal political committee.	C co	00409730	5000.00							
	Name of Employer (for Individual)	Occ	cupation (for Individual)	Memo Item							
	Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00								
s	UBTOTAL of Receipts This Page (optional)		·····	6500.00							

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

6500.00

17

SCHEDULE B (FEC Form 3X)	Her -	and a set of the Co	FOR LINE	NUMBER:	_	PAGI	= 7 OI	F 8		
ITEMIZED DISBURSEMENTS		category of the	(check only		¬ oo ⊏] 00			
		Summary Page	X 21b 28a	22 28b	23 28c	26 29	27 30b			
[a . ,										
Any information copied from such Reports and State or for commercial purposes, other than using the na										
NAME OF COMMITTEE (In Full)										
Bridge the Gap PAC										
/										
Full Name (Last, First, Middle Initial)										
A. American Express				Date of D	isbursem	ent				
Mailing Address PO Box 1270					05 09 2022					
Mailing Address PO Box 1270				03	09	-	2022	_		
City	State	Zip Code		FEC Iden	tification I	Numbor				
Newark	NJ	07101-1270		FEC Idell	uncauon i	vuilibei				
Purpose of Disbursement Credit card (see below if itemized)				C						
Candidate Name				Transaction ID : VQZ49AHY52						
Candidate Ivallie			Category/ Type	Amount o	f Each Di	sburseme	ent this Po	eriod		
Office Sought: House Disburse	ement For:		ı ype	338.84						
Senate	Primary	General		Memo Item						
President	Other (spe	ecify) 🔻								
State: District:	_									
Full Name (Last, First, Middle Initial)										
B. Pork Barrel BBQ				Date of D	isbursem					
Mailing Address 2312 Mount Vernon Ave				04 29 2022						
Mailing Address 2312 Mount Vernon Ave				04	29	-	2022	_		
City	State	Zip Code		FEC Iden	tification I	Number				
Alexandria	VA	22301-1320			lilication	vuilibei				
Purpose of Disbursement Meal				C						
Candidate Name				Transaction ID : VQZ49AHY61 Amount of Each Disbursement this Period						
Caradate Name			Category/ Type	Amount o	f Each Di	sburseme	ent this Pe	eriod		
Office Sought: House Disburse	ement For:		1,700				304.55	5		
Senate	Primary	General			*	4	- 4	_		
President	Other (spe	ecify)		X Memo	o Item					
State: District:										
Full Name (Last, First, Middle Initial)				5						
C.				Date of D						
Mailing Address				M M	/ D D	/ Y	Y			
								_		
City	State	Zip Code		FEC Iden	tification I	Number				
Durage of Dishuragment										
Purpose of Disbursement				C						
Candidate Name					Amount of Each Disbursement this Period					
			Category/ Type	Amount	Lacii Di	Spuiseille	ant uns re	FIIOU		
Office Sought: House Disburse	ement For:				4 5			. 1		
Senate	Primary	General			7	7				
President	Other (spe	ecify) 🔻		Memo	o Item					
State: District:										
							338.84	4		
SUBTOTAL of Disbursements This Page (optional)			·····•		7		550.04			
TOTAL This Period (last page this line number only	<i>(</i>)						338.8	4		
I	,,				,	,				

ľ

Mailing Address PO Box 3314 City Oregon City Purpose of Disbursement Contribution Candidate Name SCHRADER, KURT, , Office Sought: ✓ House Senate President State: OR District: 05 Full Name (Last, First, Middle Initial)	ontributions from such committee.			
Any information copied from such Reports and Statements may not be sold or used by any person for the or for commercial purposes, other than using the name and address of any political committee to solicit to NAME OF COMMITTEE (In Full) Bridge the Gap PAC Full Name (Last, First, Middle Initial) A. KURT SCHRADER FOR CONGRESS Mailing Address PO Box 3314 City Oregon City Oregon City Purpose of Disbursement Contribution Candidate Name SCHRADER, KURT, , Office Sought: X House Senate President State: OR District: 05 Full Name (Last, First, Middle Initial) B. Date Moderate Summary Page 28a 28b 28b 28b 28b 28b 28b 31c Committee to solicit	28c 29 30b e purpose of soliciting contributions ontributions from such committee. of Disbursement of Disbursement dentification Number C00446906 ansaction ID: VQZ49AHXHI of Each Disbursement this Period 3000.00			
or for commercial purposes, other than using the name and address of any political committee to solicit or NAME OF COMMITTEE (In Full) Bridge the Gap PAC Full Name (Last, First, Middle Initial) A. KURT SCHRADER FOR CONGRESS Mailing Address PO Box 3314 City Oregon City Purpose of Disbursement Contribution Candidate Name SCHRADER, KURT, , Office Sought: X House President State: OR District: 05 Full Name (Last, First, Middle Initial) B. Date Date Total Committee to solicit or any political committee to solicit	ontributions from such committee. of Disbursement of Disbursement of Disbursement of 2022 dentification Number C00446906 cansaction ID: VQZ49AHXHI of Each Disbursement this Period 3000.00			
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Full Name (Last, First, Middle Initial) A. KURT SCHRADER FOR CONGRESS Mailing Address PO Box 3314 City Oregon City Purpose of Disbursement Contribution Candidate Name SCHRADER, KURT, , Office Sought: Y House Senate President State: OR District: 05 Full Name (Last, First, Middle Initial) B. Date Date Mailing Address PO Box 3314 Dos FEC Code 97045-0308 FEC C Category/ Type Category/ Type Other (specify) N Disbursement For: 2022 Senate Other (specify) N Date	dentification Number C00446906 ansaction ID: VQZ49AHXHI and of Each Disbursement this Period 3000.00			
Mailing Address PO Box 3314 City Oregon City Purpose of Disbursement Contribution Candidate Name SCHRADER, KURT, ,, Office Sought: ✓ Y House ✓ Senate ✓ President State: OR District: 05 Full Name (Last, First, Middle Initial) Date Mailing Address PO Box 3314 State ✓ Oregon City OR Ø7045-0308 Category/ Type Category/ Type Other (specify) ✓ N Disbursement For: 2022 ✓ Seneral Other (specify) ✓ Date	dentification Number C00446906 ansaction ID: VQZ49AHXHI and of Each Disbursement this Period 3000.00			
Mailing Address PO Box 3314 City Oregon City Purpose of Disbursement Contribution Candidate Name SCHRADER, KURT, , Office Sought: ✓ House Senate President President State: OR District: 05 Full Name (Last, First, Middle Initial) Date	dentification Number C00446906 ansaction ID: VQZ49AHXHI and of Each Disbursement this Period 3000.00			
City Oregon City Purpose of Disbursement Contribution Candidate Name SCHRADER, KURT, , Office Sought: Senate President President State: OR District: 05 FEC Category/ Type Category/ Type Category/ Type Other (specify) ▼ N Disbursement For: 2022 Senate Primary Other (specify) ▼ Date Date	dentification Number C00446906 ansaction ID : VQZ49AHXHI at of Each Disbursement this Period 3000.00			
Oregon City Purpose of Disbursement Contribution Candidate Name SCHRADER, KURT, , , Office Sought: Senate President President State: OR District: 05 Full Name (Last, First, Middle Initial) Date	C00446906 ansaction ID : VQZ49AHXHI It of Each Disbursement this Period 3000.00			
Oregon City Purpose of Disbursement Contribution Candidate Name SCHRADER, KURT, , , Office Sought: Y House Disbursement For: 2022	C00446906 ansaction ID : VQZ49AHXHI It of Each Disbursement this Period 3000.00			
Contribution Candidate Name SCHRADER, KURT, , , Office Sought: W House Disbursement For: 2022 Senate President Other (specify) ✓ State: OR District: 05 Senate Other (specify) ✓ Full Name (Last, First, Middle Initial) B.	ransaction ID: VQZ49AHXHI ant of Each Disbursement this Period 3000.00			
Candidate Name SCHRADER, KURT, , , Office Sought:	at of Each Disbursement this Period 3000.00			
SCHRADER, KURT, , , Office Sought:	3000.00			
Senate President State: OR District: 05 Full Name (Last, First, Middle Initial) B. Primary General Other (specify) ▼ Date	7 7 7			
State: OR District: 05 Full Name (Last, First, Middle Initial) B. Other (specify) ▼ Date	emo Item			
State: OR District: 05 Full Name (Last, First, Middle Initial) Date	emo item			
Date				
	(D)			
	of Disbursement			
	/ D D / Y Y Y Y			
City State Zip Code FEC	dentification Number			
Purpose of Disbursement				
Candidate Name				
Category/ Amou	nt of Each Disbursement this Period			
Office Sought: House Disbursement For:	<u> </u>			
Senate Primary General President Other (specify)				
State: District:	emo Item			
Full Name (Last, First, Middle Initial)				
	of Disbursement			
Mailing Address	/ D D / Y Y Y Y			
City State Zip Code FEC	dentification Number			
Purpose of Disbursement				
Condidate Name				
Carididate Name Category/ Amou	nt of Each Disbursement this Period			
Office Sought: House Disbursement For:				
Senate Primary General	, , , , , , , , , , , , , , , , , , , ,			
State: President	emo Item			
2.0.00				
SUBTOTAL of Disbursements This Page (optional)				
TOTAL This Period (last page this line number only)	3000.00			