

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**
BFB PAC

ADDRESS (number and street) **499 S. CAPITOL STREET, SW**
SUITE 422
 Check if different than previously reported. (ACC) **WASHINGTON DC 20003**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00584805 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 M M M / D D D / Y Y Y Y Y Y in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on M M M / D D D / Y Y Y Y Y Y in the State of

5. Covering Period M M M / D D D / Y Y Y Y Y Y **01 01 2017** through M M M / D D D / Y Y Y Y Y Y **06 30 2017**

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

Signature of Treasurer Angerholzer, Lindsay, F., , [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y **07 28 2017**

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

BFB 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="2017"/>		10472.02
(b) Cash on Hand at Beginning of Reporting Period.....	10472.02	
(c) Total Receipts (from Line 19)	1312.97	1312.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	11784.99	11784.99
7. Total Disbursements (from Line 31).....	8516.75	8516.75
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3268.24	3268.24
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 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

BFB PAC

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).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	1312.97	1312.97
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1312.97	1312.97
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)).....▶	1312.97	1312.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1312.97	1312.97

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	2516.75	2516.75
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2516.75	2516.75
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	6000.00
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)) ..	8516.75	8516.75
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8516.75	8516.75

DETAILED SUMMARY PAGE
of Disbursements

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)	1312.97	1312.97
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1312.97	1312.97
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2516.75	2516.75
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2516.75	2516.75

**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 9
<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)
BFB PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Philadelphia Building Trades Council AFL-CIO Political Action Committee		Date of Receipt M M / D D / Y Y Y Y 01 / 12 / 2017
Mailing Address 4170 Woodhaven Road		Transaction ID : SA11C.4238
City Philadelphia	State PA	Zip Code 19154
FEC ID number of contributing federal political committee. C C00457598		Amount of Each Receipt this Period 1312.97
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1312.97	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C.		Date of Receipt M M / D D / Y Y Y Y
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual)	Occupation (for Individual)	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....	1312.97
TOTAL This Period (last page this line number only).....	1312.97

**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)
BFB PAC

Full Name (Last, First, Middle Initial) A. American Airlines		Date of Disbursement MM / DD / YYYY 03 / 24 / 2017
Mailing Address PO Box 619616		FEC Identification Number C [] Transaction ID : SB21B.4254 Amount of Each Disbursement this Period [] 884.10
City DFW Airport	State TX	Zip Code 75261
Purpose of Disbursement Travel Expense		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Angerholzer Broz Consulting		Date of Disbursement MM / DD / YYYY 05 / 04 / 2017
Mailing Address 499 S. Capiol Street, SW Suite 422		FEC Identification Number C [] Transaction ID : SB21B.4247 Amount of Each Disbursement this Period [] 500.00
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Compliance Fee		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Angerholzer Broz Consulting		Date of Disbursement MM / DD / YYYY 05 / 04 / 2017
Mailing Address 499 S. Capiol Street, SW Suite 422		FEC Identification Number C [] Transaction ID : SB21B.4248 Amount of Each Disbursement this Period [] 425.00
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Fundraising Fee		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1809.10
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)
BFB PAC

Full Name (Last, First, Middle Initial) A. Angerholzer Broz Consulting		Date of Disbursement MM / DD / YYYY 06 / 13 / 2017	
Mailing Address 499 S. Captiol Street, SW Suite 422		FEC Identification Number C [] Transaction ID : SB21B.4249 Amount of Each Disbursement this Period [] 65.65	
City Washington	State DC	Zip Code 20003	Category/ Type []
Purpose of Disbursement Fundraising Fee		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Congregations of Shaare Shamayim		Date of Disbursement MM / DD / YYYY 05 / 23 / 2017	
Mailing Address 9768 Verree Road		FEC Identification Number C [] Transaction ID : SB21B.4246 Amount of Each Disbursement this Period [] 300.00	
City Philadelphia	State PA	Zip Code 19115	Category/ Type []
Purpose of Disbursement Advertisement		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. FOP Lodge #5 Survivors' Fund		Date of Disbursement MM / DD / YYYY 05 / 23 / 2017	
Mailing Address 11630 Caroline Road		FEC Identification Number C [] Transaction ID : SB21B.4245 Amount of Each Disbursement this Period [] 300.00	
City Philadelphia	State PA	Zip Code 19154	Category/ Type []
Purpose of Disbursement Advertisement		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 665.65
TOTAL This Period (last page this line number only).....▶	[] 2474.75

**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)
BFB PAC

A. BRAD ASHFORD FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 24023

M M M	/	D D D	/	Y Y Y Y Y
06		20		2017

City OMAHA State NE Zip Code 68124

FEC Identification Number

Purpose of Disbursement
Political Contribution

C	C00557181
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Candidate Name
ASHFORD, BRAD, , ,

Category/
Type

Transaction ID : SB23.4253

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2018 Primary General Other (specify) ▼
State: NE District: 02

1000.00

Memo Item

B. DCCC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 430 SOUTH CAPITOL STREET, SE
2ND FLOOR

M M M	/	D D D	/	Y Y Y Y Y
05		25		2017

City WASHINGTON State DC Zip Code 20003

FEC Identification Number

Purpose of Disbursement
Political Contribution

C	C00000935
---	-----------

Candidate Name

Category/
Type

Transaction ID : SB23.4251

Amount of Each Disbursement this Period

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

5000.00

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

FEC Identification Number

Purpose of Disbursement

C	
---	--

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

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

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Memo Item

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

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

6000.00

6000.00
