

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 / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2016 through / / 2016

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 / / 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)

Page 2

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="2016"/>	<input type="text" value="10000.00"/>	<input type="text" value="10000.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="10365.35"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="6000.00"/>	<input type="text" value="18500.00"/>
(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="16365.35"/>	<input type="text" value="28500.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5893.33"/>	<input type="text" value="18027.98"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="10472.02"/>	<input type="text" value="10472.02"/>
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:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

BFB PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
11 / 29 / 2016 To: M M / D D / Y Y Y Y Y Y
12 / 31 / 2016

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).....	6000.00	18500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	6000.00	18500.00
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)).....▶	6000.00	18500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	6000.00	18500.00

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	5893.33	8877.98
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5893.33	8877.98
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	3000.00
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	6150.00
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)) ..	5893.33	18027.98
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5893.33	18027.98

DETAILED SUMMARY PAGE
of Disbursements

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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)	6000.00	18500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6000.00	18500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5893.33	8877.98
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5893.33	8877.98

**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 15
<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

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
INTERNATIONAL BROTHERHOOD OF ELECTRICAL WORKERS POLITICAL ACTION COMMITTEE

Mailing Address 900 SEVENTH ST, NW

City WASHINGTON	State DC	Zip Code 20001
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FEC ID number of contributing federal political committee. **C** C00027342

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	/	D D	/	Y Y Y Y
12		13		2016

Transaction ID : SA11C.4189

Amount of Each Receipt this Period
5000.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
NATIONAL AIR TRAFFIC CONTROLLERS ASSOCIATION PAC

Mailing Address 1325 MASSACHUSETTS AVE., NW

City WASHINGTON	State DC	Zip Code 20005
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FEC ID number of contributing federal political committee. **C** C00238725

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12		13		2016

Transaction ID : SA11C.4191

Amount of Each Receipt this Period
1000.00

Memo Item

C. 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

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	6000.00

**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)
BFB PAC

Full Name (Last, First, Middle Initial) A. Angerholzer Broz Consulting		Date of Disbursement MM / DD / YYYY 12 / 21 / 2016	
Mailing Address 499 S. Capiol Street, SW Suite 422		FEC Identification Number C [] Transaction ID : SB21B.4193 Amount of Each Disbursement this Period [] 500.00	
City Washington	State DC	Zip Code 20003	Category/ Type []
Purpose of Disbursement Compliance 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) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. Angerholzer Broz Consulting		Date of Disbursement MM / DD / YYYY 12 / 21 / 2016	
Mailing Address 499 S. Capiol Street, SW Suite 422		FEC Identification Number C [] Transaction ID : SB21B.4194 Amount of Each Disbursement this Period [] 500.00	
City Washington	State DC	Zip Code 20003	Category/ Type []
Purpose of Disbursement Compliance 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) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. Angerholzer Broz Consulting		Date of Disbursement MM / DD / YYYY 12 / 21 / 2016	
Mailing Address 499 S. Capiol Street, SW Suite 422		FEC Identification Number C [] Transaction ID : SB21B.4195 Amount of Each Disbursement this Period [] 500.00	
City Washington	State DC	Zip Code 20003	Category/ Type []
Purpose of Disbursement Compliance 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) ▼		
State: District:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 1500.00
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 12 / 21 / 2016
Mailing Address 499 S. Capiol Street, SW Suite 422		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4217 Amount of Each Disbursement this Period [REDACTED] 250.00
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Fundraising Fee		Category/ Type [REDACTED]
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 12 / 21 / 2016
Mailing Address 499 S. Capiol Street, SW Suite 422		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4218 Amount of Each Disbursement this Period [REDACTED] 2.37
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Postage		Category/ Type [REDACTED]
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 12 / 21 / 2016
Mailing Address 499 S. Capiol Street, SW Suite 422		FEC Identification Number C [REDACTED] Transaction ID : SB21B.4219 Amount of Each Disbursement this Period [REDACTED] 1.40
City Washington	State DC	Zip Code 20003
Purpose of Disbursement Postage		Category/ Type [REDACTED]
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).....▶	[REDACTED] 253.77
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)

<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. BOYLE, BRENDAN F, , ,		Date of Disbursement MM / DD / YYYY 12 / 01 / 2016	
Mailing Address PO BOX 11545		FEC Identification Number C H4PA13199 Transaction ID : SB21B.4213 Amount of Each Disbursement this Period 32.04	
City PHILADELPHIA	State PA	Zip Code 19116	Category/ Type
Purpose of Disbursement Reimbursement for Food and Meals			
Candidate Name			
Office Sought: <input checked="" 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: PA District: 13	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. BOYLE, BRENDAN F, , ,		Date of Disbursement MM / DD / YYYY 12 / 01 / 2016	
Mailing Address PO BOX 11545		FEC Identification Number C H4PA13199 Transaction ID : SB21B.4214 Amount of Each Disbursement this Period 6.98	
City PHILADELPHIA	State PA	Zip Code 19116	Category/ Type
Purpose of Disbursement Reimbursement for Food and Meals			
Candidate Name			
Office Sought: <input checked="" 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: PA District: 13	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. BOYLE, BRENDAN F, , ,		Date of Disbursement MM / DD / YYYY 12 / 01 / 2016	
Mailing Address PO BOX 11545		FEC Identification Number C H4PA13199 Transaction ID : SB21B.4216 Amount of Each Disbursement this Period 9.81	
City PHILADELPHIA	State PA	Zip Code 19116	Category/ Type
Purpose of Disbursement Reimbursement for Food and Meals			
Candidate Name			
Office Sought: <input checked="" 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: PA District: 13	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	48.83
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. BOYLE, BRENDAN F, , ,		Date of Disbursement MM / DD / YYYY 12 / 01 / 2016	
Mailing Address PO BOX 11545		FEC Identification Number C H4PA13199 Transaction ID : SB21B.4220 Amount of Each Disbursement this Period 85.59	
City PHILADELPHIA	State PA	Zip Code 19116	Category/ Type
Purpose of Disbursement Reimbursement for Travel Expense			
Candidate Name			
Office Sought: <input checked="" 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: PA District: 13	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. BOYLE, BRENDAN F, , ,		Date of Disbursement MM / DD / YYYY 12 / 01 / 2016	
Mailing Address PO BOX 11545		FEC Identification Number C H4PA13199 Transaction ID : SB21B.4221 Amount of Each Disbursement this Period 257.10	
City PHILADELPHIA	State PA	Zip Code 19116	Category/ Type
Purpose of Disbursement Reimbursement for Travel Expense			
Candidate Name			
Office Sought: <input checked="" 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: PA District: 13	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. BOYLE, BRENDAN F, , ,		Date of Disbursement MM / DD / YYYY 12 / 01 / 2016	
Mailing Address PO BOX 11545		FEC Identification Number C H4PA13199 Transaction ID : SB21B.4222 Amount of Each Disbursement this Period 282.10	
City PHILADELPHIA	State PA	Zip Code 19116	Category/ Type
Purpose of Disbursement Reimbursement for Travel Expense			
Candidate Name			
Office Sought: <input checked="" 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: PA District: 13	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	624.79
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. BOYLE, BRENDAN F, , ,		Date of Disbursement MM / DD / YYYY 12 / 01 / 2016	
Mailing Address PO BOX 11545		FEC Identification Number C H4PA13199 Transaction ID : SB21B.4223 Amount of Each Disbursement this Period 534.20	
City PHILADELPHIA	State PA	Zip Code 19116	Category/ Type
Purpose of Disbursement Reimbursement for Travel Expense			
Candidate Name			
Office Sought: <input checked="" 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: PA District: 13	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. BOYLE, BRENDAN F, , ,		Date of Disbursement MM / DD / YYYY 12 / 01 / 2016	
Mailing Address PO BOX 11545		FEC Identification Number C H4PA13199 Transaction ID : SB21B.4224 Amount of Each Disbursement this Period 68.10	
City PHILADELPHIA	State PA	Zip Code 19116	Category/ Type
Purpose of Disbursement Reimbursement for Travel Expense			
Candidate Name			
Office Sought: <input checked="" 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: PA District: 13	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. BOYLE, BRENDAN F, , ,		Date of Disbursement MM / DD / YYYY 12 / 01 / 2016	
Mailing Address PO BOX 11545		FEC Identification Number C H4PA13199 Transaction ID : SB21B.4225 Amount of Each Disbursement this Period 51.69	
City PHILADELPHIA	State PA	Zip Code 19116	Category/ Type
Purpose of Disbursement Reimbursement for Travel Expense			
Candidate Name			
Office Sought: <input checked="" 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: PA District: 13	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	653.99
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

A. BOYLE, BRENDAN F, , ,

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 11545

City PHILADELPHIA State PA Zip Code 19116

Purpose of Disbursement Reimbursement for Travel Expense

Candidate Name

Office Sought: House Senate President
State: PA District: 13

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 01 / 2016

FEC Identification Number: C H4PA13199
Transaction ID : SB21B.4226
Amount of Each Disbursement this Period: 438.37

Memo Item

B. BOYLE, BRENDAN F, , ,

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 11545

City PHILADELPHIA State PA Zip Code 19116

Purpose of Disbursement Reimbursement for Travel Expense

Candidate Name

Office Sought: House Senate President
State: PA District: 13

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 01 / 2016

FEC Identification Number: C H4PA13199
Transaction ID : SB21B.4227
Amount of Each Disbursement this Period: 120.66

Memo Item

C. BOYLE, BRENDAN F, , ,

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 11545

City PHILADELPHIA State PA Zip Code 19116

Purpose of Disbursement Reimbursement for Travel Expense

Candidate Name

Office Sought: House Senate President
State: PA District: 13

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 12 / 01 / 2016

FEC Identification Number: C H4PA13199
Transaction ID : SB21B.4228
Amount of Each Disbursement this Period: 31.26

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 590.29

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. BOYLE, BRENDAN F, , ,		Date of Disbursement MM / DD / YYYY 12 / 01 / 2016	
Mailing Address PO BOX 11545		FEC Identification Number C H4PA13199 Transaction ID : SB21B.4229 Amount of Each Disbursement this Period 75.38	
City PHILADELPHIA	State PA	Zip Code 19116	Category/ Type
Purpose of Disbursement Reimbursement for Travel Expense			
Candidate Name			
Office Sought: <input checked="" 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: PA District: 13	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. BOYLE, BRENDAN F, , ,		Date of Disbursement MM / DD / YYYY 12 / 01 / 2016	
Mailing Address PO BOX 11545		FEC Identification Number C H4PA13199 Transaction ID : SB21B.4230 Amount of Each Disbursement this Period 1586.50	
City PHILADELPHIA	State PA	Zip Code 19116	Category/ Type
Purpose of Disbursement Reimbursement for Travel Expense			
Candidate Name			
Office Sought: <input checked="" 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: PA District: 13	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. BOYLE, BRENDAN F, , ,		Date of Disbursement MM / DD / YYYY 12 / 01 / 2016	
Mailing Address PO BOX 11545		FEC Identification Number C H4PA13199 Transaction ID : SB21B.4231 Amount of Each Disbursement this Period 34.27	
City PHILADELPHIA	State PA	Zip Code 19116	Category/ Type
Purpose of Disbursement Reimbursement for Travel Expense			
Candidate Name			
Office Sought: <input checked="" 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: PA District: 13	<input type="checkbox"/> Memo Item		

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

1696.15

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. BOYLE, BRENDAN F, , ,		Date of Disbursement MM / DD / YYYY 12 / 01 / 2016	
Mailing Address PO BOX 11545		FEC Identification Number C H4PA13199 Transaction ID : SB21B.4232	
City PHILADELPHIA	State PA	Zip Code 19116	Amount of Each Disbursement this Period 2.90
Purpose of Disbursement Reimbursement for Travel Expense		Category/Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input checked="" 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: PA District: 13			

Full Name (Last, First, Middle Initial) B. BOYLE, BRENDAN F, , ,		Date of Disbursement MM / DD / YYYY 12 / 01 / 2016	
Mailing Address PO BOX 11545		FEC Identification Number C H4PA13199 Transaction ID : SB21B.4233	
City PHILADELPHIA	State PA	Zip Code 19116	Amount of Each Disbursement this Period 23.79
Purpose of Disbursement Reimbursement for Travel Expense		Category/Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input checked="" 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: PA District: 13			

Full Name (Last, First, Middle Initial) C. BOYLE, BRENDAN F, , ,		Date of Disbursement MM / DD / YYYY 12 / 01 / 2016	
Mailing Address PO BOX 11545		FEC Identification Number C H4PA13199 Transaction ID : SB21B.4234	
City PHILADELPHIA	State PA	Zip Code 19116	Amount of Each Disbursement this Period 280.59
Purpose of Disbursement Reimbursement for Travel Expense		Category/Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input checked="" 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: PA District: 13			

SUBTOTAL of Disbursements This Page (optional).....▶	307.28
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. BOYLE, BRENDAN F, , ,		Date of Disbursement MM / DD / YYYY 12 / 01 / 2016	
Mailing Address PO BOX 11545		FEC Identification Number C H4PA13199	
City PHILADELPHIA	State PA	Zip Code 19116	Transaction ID : SB21B.4236
Purpose of Disbursement Reimbursement for Travel Expense		Category/ Type	Amount of Each Disbursement this Period 22.00
Candidate Name		Memo Item <input type="checkbox"/>	
Office Sought: <input checked="" 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: PA District: 13			

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

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>
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:			

SUBTOTAL of Disbursements This Page (optional).....▶	22.00
TOTAL This Period (last page this line number only).....▶	5697.10