

# 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.

Building and Restoring the American Dream Fund

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

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  07 / 01 / 2018 through  09 / 30 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Carroll, Robert, E., , CPA

Type or Print Name of Treasurer

Signature of Treasurer Carroll, Robert, E., , CPA [Electronically Filed] Date  10 / 15 / 2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only									
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**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="2018"/>		16778.83
(b) Cash on Hand at Beginning of Reporting Period.....	21121.68	
(c) Total Receipts (from Line 19) .....	17846.71	53908.15
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	38968.39	70686.98
7. Total Disbursements (from Line 31).....	26407.00	58125.59
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	12561.39	12561.39
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

**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).....	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).....	10000.00	12000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	10000.00	12000.00
12. Transfers From Affiliated/Other Party Committees.....	7846.71	41908.15
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)).....▶	17846.71	53908.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	17846.71	53908.15

**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 .....	2307.00	6725.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2307.00	6725.59
22. Transfers to Affiliated/Other Party Committees.....	3000.00	3000.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	12000.00	35200.00
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).....	9100.00	13200.00
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)) ..	26407.00	58125.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26407.00	58125.59

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	10000.00	12000.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10000.00	12000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2307.00	6725.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2307.00	6725.59

**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 18
<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)  
**Building and Restoring the American Dream Fund**

**A. American Podiatric Medical Association (APMA) PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 9312 Old Georgetown Road

City Bethesda	State MD	Zip Code 20814
------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00008839

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
08		03		2018

**Transaction ID : SA11C.4476**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B. National Association of Real Estate Investment Trusts (REIT) PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1875 I Street NW Suite 600

City Washington	State DC	Zip Code 20006
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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 ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

**Transaction ID : SA11C.4475**

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
------	-------	----------

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
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10000.00

**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 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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 <b>A. Bortz, Neal, , ,</b>		Date of Receipt MM / DD / YYYY 08 / 31 / 2018
Mailing Address 1055 Saint Paul Place		<b>Transaction ID : SA12.4522</b>
City Cincinnati	State OH	Zip Code 45202
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1100.00
Name of Employer (for Individual) Towne Construction	Occupation (for Individual) CEO	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1100.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Brad Wenstrup Victory Fund</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2018
Mailing Address PO Box 30844		<b>Transaction ID : SA12.4510</b>
City Bethesda	State MD	Zip Code 20824
FEC ID number of contributing federal political committee. C C00617480		Amount of Each Receipt this Period 7846.71
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item Transfer of Net Proceeds
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 39654.82	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Dever, Michael, L, ,</b>		Date of Receipt MM / DD / YYYY 08 / 15 / 2018
Mailing Address 633 West Third Street		<b>Transaction ID : SA12.4520</b>
City Covington	State KY	Zip Code 41011
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2700.00
Name of Employer (for Individual) Automanage of California Inc	Occupation (for Individual) President	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 2700.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7846.71
<b>TOTAL</b> 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 18
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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. Herche, David, F., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2613 Handasyde Avenue  
 City Cincinnati State OH Zip Code 45208  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Enerfab Occupation (for Individual) Chief Executive Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 24 / 2018  
**Transaction ID : SA12.4523**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Hilsinger, Elliot, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2680 Devils Backbone Road  
 City Cincinnati State OH Zip Code 45233  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2700.00

Date of Receipt 08 / 28 / 2018  
**Transaction ID : SA12.4521**  
 Amount of Each Receipt this Period 2700.00  
 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  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	7846.71



**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. Campaign Financial Services**

Mailing Address PO Box 30844

City: Bethesda State: MD Zip Code: 20824

Purpose of Disbursement  
SEE MEMO ITEMS

001  
Category/Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
07 / 18 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.4455  
Amount of Each Disbursement this Period  
400.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Campaign Financial Services**

Mailing Address PO Box 30844

City: Bethesda State: MD Zip Code: 20824

Purpose of Disbursement  
PAC Compliance Consulting

001  
Category/Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
07 / 18 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.4456  
Amount of Each Disbursement this Period  
325.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Campaign Financial Services**

Mailing Address PO Box 30844

City: Bethesda State: MD Zip Code: 20824

Purpose of Disbursement  
PAC General Office Supplies

001  
Category/Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
07 / 18 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.4457  
Amount of Each Disbursement this Period  
75.00

Memo Item

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

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

400.00

**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. Campaign Financial Services**

Mailing Address PO Box 30844

City: Bethesda State: MD Zip Code: 20824

Purpose of Disbursement  
SEE MEMO ITEMS

001  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.4470  
Amount of Each Disbursement this Period  
400.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Campaign Financial Services**

Mailing Address PO Box 30844

City: Bethesda State: MD Zip Code: 20824

Purpose of Disbursement  
PAC Compliance Consulting

001  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.4471  
Amount of Each Disbursement this Period  
325.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Campaign Financial Services**

Mailing Address PO Box 30844

City: Bethesda State: MD Zip Code: 20824

Purpose of Disbursement  
PAC General Office Supplies

001  
Category/  
Type

Candidate Name

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

Date of Disbursement

MM / DD / YYYY  
08 / 10 / 2018

FEC Identification Number

C  
Transaction ID : SB21B.4472  
Amount of Each Disbursement this Period  
75.00

Memo Item

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

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

400.00

**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. Campaign Financial Services**

Mailing Address PO Box 30844

City: Bethesda State: MD Zip Code: 20824

Purpose of Disbursement  
SEE MEMO ITEMS

001  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
09 / 11 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.4499  
Amount of Each Disbursement this Period  
400.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Campaign Financial Services**

Mailing Address PO Box 30844

City: Bethesda State: MD Zip Code: 20824

Purpose of Disbursement  
PAC Compliance Consulting

001  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
09 / 11 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.4500  
Amount of Each Disbursement this Period  
325.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Campaign Financial Services**

Mailing Address PO Box 30844

City: Bethesda State: MD Zip Code: 20824

Purpose of Disbursement  
PAC General Office Supplies

001  
Category/  
Type

Candidate Name

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

Date of Disbursement  
MM / DD / YYYY  
09 / 11 / 2018

FEC Identification Number  
C  
Transaction ID : SB21B.4501  
Amount of Each Disbursement this Period  
75.00

Memo Item

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

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

400.00

**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) <b>A. Delta Airlines, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018	
Mailing Address P.O. Box 20706		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4533</b> Amount of Each Disbursement this Period [REDACTED] 486.20	
City Atlanta	State GA	Zip Code 30320	Category/ Type 002
Purpose of Disbursement PAC 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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. PNC Bank</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018	
Mailing Address P.O. Box 856177		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4528</b> Amount of Each Disbursement this Period [REDACTED] 1107.00	
City Louisville	State KY	Zip Code 40285-6177	Category/ Type 002
Purpose of Disbursement SEE MEMO ITEMS		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>C. United Airlines</b>		Date of Disbursement MM / DD / YYYY 09 / 28 / 2018	
Mailing Address 233 S Wacker Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : SB21B.4531</b> Amount of Each Disbursement this Period [REDACTED] 620.80	
City Chicago	State IL	Zip Code 60606	Category/ Type 002
Purpose of Disbursement PAC 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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 1107.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED] 2307.00

**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 checked="" 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. BUCKEYE JOINT FUNDRAISING COMMITTEE**

Full Name (Last, First, Middle Initial)  
Mailing Address 228 S. WASHINGTON ST.  
STE. 115

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
Transfer to Affiliated Committee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Date of Disbursement: 08 / 23 / 2018

FEC Identification Number: C00628271  
**Transaction ID : SB22.4496**

Amount of Each Disbursement this Period: 3000.00

Memo Item

**B.**

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

**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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	3000.00
<b>TOTAL</b> 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)

**Building and Restoring the American Dream Fund**

Full Name (Last, First, Middle Initial)

**A. Carlos Curbelo Congress**

Mailing Address 8724 SUNSET DR  
#355

City  
MIAMI

State  
FL

Zip Code  
33173

Purpose of Disbursement  
PAC Political Contribution

011

Category/  
Type

Candidate Name

**Curbelo, Carlos, , ,**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2018  
 Primary  General  
 Other (specify) ▼

State: FL District: 26

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	2		2	0	1	8

FEC Identification Number

C00546846

**Transaction ID : SB23.4458**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**B. Maggie's List**

Mailing Address 6675 Weeping Willow Way

City  
Tallahassee

State  
FL

Zip Code  
32311

Purpose of Disbursement  
PAC Political Contribution

011

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
0	8		1	7		2	0	1	8

FEC Identification Number

C00469023

**Transaction ID : SB23.4483**

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. Ohio Republican Party**

Mailing Address 211 S Fifth Street

City  
Columbus

State  
OH

Zip Code  
43215

Purpose of Disbursement  
PAC Political Contribution

011

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
0	9		2	4		2	0	1	8

FEC Identification Number

C00162339

**Transaction ID : SB23.4504**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

7000.00

**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 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) <b>A. Republican Finance Committee of Hamilton County</b>		Date of Disbursement MM / DD / YYYY 07 / 10 / 2018
Mailing Address 700 Walnut Street Suite 309		FEC Identification Number C00222000 <b>Transaction ID : SB23.4535</b> Amount of Each Disbursement this Period 5000.00
City Cincinnati	State OH	Zip Code 45202
Purpose of Disbursement PAC Political Contribution		Category/Type 011
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>B. Republican Finance Committee of Hamilton County</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2018
Mailing Address 700 Walnut Street Suite 309		FEC Identification Number C00222000 <b>Transaction ID : SB23.4539</b> Amount of Each Disbursement this Period - 5000.00
City Cincinnati	State OH	Zip Code 45202
Purpose of Disbursement VOID Political Contribution from 7/10, Lost Check. Re-Issued 8/16/2018		Category/Type 011
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>C. Republican Finance Committee of Hamilton County</b>		Date of Disbursement MM / DD / YYYY 08 / 16 / 2018
Mailing Address 700 Walnut Street Suite 309		FEC Identification Number C00222000 <b>Transaction ID : SB23.4541</b> Amount of Each Disbursement this Period 5000.00
City Cincinnati	State OH	Zip Code 45202
Purpose of Disbursement PAC Political Contribution		Category/Type 011
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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	12000.00

**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 type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. Abernathy for Commissioner**

Full Name (Last, First, Middle Initial)  
Abernathy for Commissioner

Mailing Address P.O. Box 396

City Hillsboro State OH Zip Code 45133

Purpose of Disbursement PAC Local Political Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 23 / 2018

FEC Identification Number: C

Transaction ID : SB29.4493

Amount of Each Disbursement this Period: 500.00

Memo Item

**B. Committee to Elect Jeff Duncan**

Full Name (Last, First, Middle Initial)  
Committee to Elect Jeff Duncan

Mailing Address 10265 Old 62 Road

City Leesburg State OH Zip Code 45135

Purpose of Disbursement PAC Local Political Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 23 / 2018

FEC Identification Number: C

Transaction ID : SB29.4491

Amount of Each Disbursement this Period: 500.00

Memo Item

**C. DeWine Husted for Ohio**

Full Name (Last, First, Middle Initial)  
DeWine Husted for Ohio

Mailing Address PO Box 6290

City Columbus State OH Zip Code 43206

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 16 / 2018

FEC Identification Number: C

Transaction ID : SB29.4537

Amount of Each Disbursement this Period: 2500.00

Memo Item

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

3500.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. Friends of Faber**

Full Name (Last, First, Middle Initial)

Mailing Address 7706 St. Rt. 703

City Celina State OH Zip Code 45822

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 23 / 2018

FEC Identification Number: C

Transaction ID : SB29.4489

Amount of Each Disbursement this Period: 1500.00

Memo Item

**B. Friends of Jonathan Dever**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 43276

City Madeira State OH Zip Code 45243

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB29.4469

Amount of Each Disbursement this Period: 1000.00

Memo Item

**C. Wilkin for Ohio**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 384

City Hillsboro State OH Zip Code 45133

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 07 / 31 / 2018

FEC Identification Number: C

Transaction ID : SB29.4468

Amount of Each Disbursement this Period: 250.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2750.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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

**A. Wilkin for Ohio**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 384

City Hillsboro State OH Zip Code 45133

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 08 / 08 / 2018

FEC Identification Number: C

Transaction ID : SB29.4473

Amount of Each Disbursement this Period: 750.00

Memo Item

**B. Yost for Ohio**

Full Name (Last, First, Middle Initial)

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement PAC State Political Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2018  Primary  General  Other (specify)

State: District:

Date of Disbursement: 09 / 11 / 2018

FEC Identification Number: C

Transaction ID : SB29.4503

Amount of Each Disbursement this Period: 2000.00

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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	9000.00