

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) **611 Pennsylvania Ave SE, #409**
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 / / 2019 through / / 2019

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

Signature of Treasurer *Jackson, Sue, , ,* [Electronically Filed] Date / / 2019

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="2019"/> | <input type="text" value="8684.31"/> | <input type="text" value="8684.31"/> |
| (b) Cash on Hand at Beginning of Reporting Period..... | <input type="text" value="8684.31"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="6000.00"/> | <input type="text" value="6000.00"/> |
| (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="14684.31"/> | <input type="text" value="14684.31"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="7924.74"/> | <input type="text" value="7924.74"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="6759.57"/> | <input type="text" value="6759.57"/> |
| 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

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)..... | 5000.00 | 5000.00 |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) | 5000.00 | 5000.00 |
| 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..... | 1000.00 | 1000.00 |
| 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 | 6000.00 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 6000.00 | 6000.00 |

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 | 6424.74 | 6424.74 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 6424.74 | 6424.74 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 1000.00 | 1000.00 |
| 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)..... | 500.00 | 500.00 |
| 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)) .. | 7924.74 | 7924.74 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 7924.74 | 7924.74 |

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 |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans) (from Line 11(d), page 3) | 5000.00 | 5000.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 5000.00 | 5000.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 6424.74 | 6424.74 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 6424.74 | 6424.74 |

**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 17 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input checked="" type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
BFB PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
COMCAST CORPORATION & NBCUNIVERSAL POLITICAL ACTION COMMITTEE - FEDERAL

Mailing Address 1 Comcast Ctr 1701 John F Kennedy

| | | |
|----------------------|-------------|-------------------|
| City Philadelphia | State PA | Zip Code 19103 |
|----------------------|-------------|-------------------|

FEC ID number of contributing federal political committee. **C** C00248716

| | |
|-----------------------------------|-----------------------------|
| 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 |
| 06 | | 25 | | 2019 |

Transaction ID : 2076315

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

| | | | | |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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)..... | 5000.00 |
| TOTAL This Period (last page this line number only)..... | 5000.00 |

**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 17 |
| <input type="checkbox"/> 11a | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c | <input type="checkbox"/> 12 |
| <input type="checkbox"/> 13 | <input type="checkbox"/> 14 | <input type="checkbox"/> 15 | <input checked="" type="checkbox"/> 16 <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
BFB PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Donnelly For Indiana

Mailing Address 910 17Th St NW
Ste 925

City Washington State DC Zip Code 20006-2601

FEC ID number of contributing federal political committee. **C** C00393652

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 Y Y
04 / 01 / 2019

Transaction ID : 2076241

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address

City State Zip Code

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

City State Zip Code

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 Y Y

Amount of Each Receipt this Period

Memo Item

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1000.00 |
| TOTAL This Period (last page this line number only)..... | 1000.00 |

**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. Amtrak | | Date of Disbursement MM / DD / YYYY 04 / 29 / 2019 |
| Mailing Address 60 Massachusetts Ave NE | | FEC Identification Number C [REDACTED] Transaction ID : 500277125 Amount of Each Disbursement this Period 396.00 |
| City Washington | State DC | Zip Code 20002-4285 |
| Purpose of Disbursement Train Fare | | 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. Amtrak | | Date of Disbursement MM / DD / YYYY 05 / 06 / 2019 |
| Mailing Address 60 Massachusetts Ave NE | | FEC Identification Number C [REDACTED] Transaction ID : 500277126 Amount of Each Disbursement this Period 486.00 |
| City Washington | State DC | Zip Code 20002-4285 |
| Purpose of Disbursement Train Fare | | 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. Blue Wave Political Partners | | Date of Disbursement MM / DD / YYYY 03 / 19 / 2019 |
| Mailing Address 119 1St Ave S Ste 320 | | FEC Identification Number C [REDACTED] Transaction ID : 500277112 Amount of Each Disbursement this Period 300.00 |
| City Seattle | State WA | Zip Code 98104-3424 |
| Purpose of Disbursement Compliance Services | | Category/ Type [REDACTED] |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" 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)..... ▶

1182.00

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. Blue Wave Political Partners | | Date of Disbursement MM / DD / YYYY 05 / 13 / 2019 |
| Mailing Address 119 1St Ave S Ste 320 | | FEC Identification Number C [REDACTED] Transaction ID : 500277113 Amount of Each Disbursement this Period 306.70 |
| City Seattle | State WA | Zip Code 98104-3424 |
| Purpose of Disbursement Compliance Services | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" 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. Ide, Vanessa, , , | | Date of Disbursement MM / DD / YYYY 01 / 22 / 2019 |
| Mailing Address 1701 16Th St NW Apt 121 | | FEC Identification Number C [REDACTED] Transaction ID : 500277157 Amount of Each Disbursement this Period 500.00 |
| City Washington | State DC | Zip Code 20009-3110 |
| Purpose of Disbursement Fundraising Consulting | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" 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. Ide, Vanessa, , , | | Date of Disbursement MM / DD / YYYY 01 / 22 / 2019 |
| Mailing Address 1701 16Th St NW Apt 121 | | FEC Identification Number C [REDACTED] Transaction ID : 500277158 Amount of Each Disbursement this Period 500.00 |
| City Washington | State DC | Zip Code 20009-3110 |
| Purpose of Disbursement Fundraising Consulting | | Category/ Type |
| Candidate Name | | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | Disbursement For: 2020 <input checked="" 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).....▶ | 1306.70 |
| 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. Ide, Vanessa, , , | | | Date of Disbursement MM / DD / YYYY 03 / 19 / 2019 | |
| Mailing Address 1701 16Th St NW Apt 121 | | | FEC Identification Number C [] Transaction ID : 500277117 | |
| City Washington | State DC | Zip Code 20009-3110 | Amount of Each Disbursement this Period [] 1000.00 | |
| Purpose of Disbursement Fundraising Consulting | | Candidate Name | Memo Item <input type="checkbox"/> | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | | | |

| | | | | |
|--|-------------|------------------------|--|--|
| Full Name (Last, First, Middle Initial) B. Ide, Vanessa, , , | | | Date of Disbursement MM / DD / YYYY 04 / 08 / 2019 | |
| Mailing Address 1701 16Th St NW Apt 121 | | | FEC Identification Number C [] Transaction ID : 500068034 | |
| City Washington | State DC | Zip Code 20009-3110 | Amount of Each Disbursement this Period [] 500.00 | |
| Purpose of Disbursement Fundraising Consulting | | Candidate Name | Memo Item <input type="checkbox"/> | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | | | |

| | | | | |
|--|-------------|------------------------|--|--|
| Full Name (Last, First, Middle Initial) C. Ide, Vanessa, , , | | | Date of Disbursement MM / DD / YYYY 06 / 02 / 2019 | |
| Mailing Address 1701 16Th St NW Apt 121 | | | FEC Identification Number C [] Transaction ID : 500277118 | |
| City Washington | State DC | Zip Code 20009-3110 | Amount of Each Disbursement this Period [] 500.00 | |
| Purpose of Disbursement Fundraising Consulting | | Candidate Name | Memo Item <input type="checkbox"/> | |
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | | Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | |
| State: District: | | | | |

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

[] 2000.00

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. McCarthy, John, , , | | Date of Disbursement MM / DD / YYYY 01 / 08 / 2019 |
| Mailing Address 458 New Jersey Ave SE | | FEC Identification Number C [REDACTED] Transaction ID : 500277130 Amount of Each Disbursement this Period [REDACTED] 559.51 |
| City Washington | State DC | Zip Code 20003-4008 |
| Purpose of Disbursement Reimbursement - See Memo Details | | 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. Quality Inn | | Date of Disbursement MM / DD / YYYY 01 / 08 / 2019 |
| Mailing Address 5231 Fleur Dr | | FEC Identification Number C [REDACTED] Transaction ID : 500277128 Amount of Each Disbursement this Period [REDACTED] 279.88 |
| City Des Moines | State IA | Zip Code 50321-2833 |
| Purpose of Disbursement Lodging | | 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 checked="" type="checkbox"/> Memo Item | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. Thrifty Car Rental | | Date of Disbursement MM / DD / YYYY 01 / 08 / 2019 |
| Mailing Address PO Box 33167 | | FEC Identification Number C [REDACTED] Transaction ID : 500277129 Amount of Each Disbursement this Period [REDACTED] 239.22 |
| City Tulsa | State OK | Zip Code 74153-1167 |
| Purpose of Disbursement Car Rental | | 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 checked="" type="checkbox"/> Memo Item | |

| | |
|--|-------------------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | [REDACTED] 559.51 |
| 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. NGP VAN Inc.

Date of Disbursement
MM / DD / YYYY
03 / 19 / 2019

Mailing Address 1101 15Th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement Campaign Software

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : 500277119
Amount of Each Disbursement this Period
300.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Uber

Date of Disbursement
MM / DD / YYYY
04 / 29 / 2019

Mailing Address 1455 Market St
FI 4

City San Francisco State CA Zip Code 94103-1355

Purpose of Disbursement Taxi Fare

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : 500277131
Amount of Each Disbursement this Period
196.22

Memo Item

Full Name (Last, First, Middle Initial)
C. Uber

Date of Disbursement
MM / DD / YYYY
04 / 30 / 2019

Mailing Address 1455 Market St
FI 4

City San Francisco State CA Zip Code 94103-1355

Purpose of Disbursement Taxi Fare

Candidate Name

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

State: District:

FEC Identification Number
C
Transaction ID : 500277137
Amount of Each Disbursement this Period
56.81

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 553.03

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. Uber | | | Date of Disbursement MM / DD / YYYY 05 / 06 / 2019 | | |
| Mailing Address 1455 Market St FI 4 | | | FEC Identification Number C [] Transaction ID : 500277132 Amount of Each Disbursement this Period [] 52.92 | | |
| City San Francisco | State CA | Zip Code 94103-1355 | Category/Type [] | | |
| Purpose of Disbursement Taxi Fare | | | Memo Item <input type="checkbox"/> | | |
| Candidate Name | | | Amount of Each Disbursement this Period [] 52.92 | | |
| 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: | | | Amount of Each Disbursement this Period [] 52.92 | | |
| Full Name (Last, First, Middle Initial) B. Uber | | | Date of Disbursement MM / DD / YYYY 05 / 08 / 2019 | | |
| Mailing Address 1455 Market St FI 4 | | | FEC Identification Number C [] Transaction ID : 500277133 Amount of Each Disbursement this Period [] 19.64 | | |
| City San Francisco | State CA | Zip Code 94103-1355 | Category/Type [] | | |
| Purpose of Disbursement Taxi Fare | | | Memo Item <input type="checkbox"/> | | |
| Candidate Name | | | Amount of Each Disbursement this Period [] 19.64 | | |
| 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: | | | Amount of Each Disbursement this Period [] 19.64 | | |
| Full Name (Last, First, Middle Initial) C. Uber | | | Date of Disbursement MM / DD / YYYY 05 / 09 / 2019 | | |
| Mailing Address 1455 Market St FI 4 | | | FEC Identification Number C [] Transaction ID : 500277134 Amount of Each Disbursement this Period [] 16.55 | | |
| City San Francisco | State CA | Zip Code 94103-1355 | Category/Type [] | | |
| Purpose of Disbursement Taxi Fare | | | Memo Item <input type="checkbox"/> | | |
| Candidate Name | | | Amount of Each Disbursement this Period [] 16.55 | | |
| 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: | | | Amount of Each Disbursement this Period [] 16.55 | | |
| SUBTOTAL of Disbursements This Page (optional)..... ▶ | | | [] 89.11 | | |
| 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. Uber | | Date of Disbursement MM / DD / YYYY 05 / 13 / 2019 |
| Mailing Address 1455 Market St FI 4 | | FEC Identification Number C [] Transaction ID : 500277135 Amount of Each Disbursement this Period [] 12.34 |
| City San Francisco | State CA | Zip Code 94103-1355 |
| Purpose of Disbursement Taxi Fare | | 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. Victoria's Kitchen | | Date of Disbursement MM / DD / YYYY 01 / 09 / 2019 |
| Mailing Address 2001 E Tulpehocken St | | FEC Identification Number C [] Transaction ID : 500277115 Amount of Each Disbursement this Period [] 350.00 |
| City Philadelphia | State PA | Zip Code 19138-1309 |
| Purpose of Disbursement Event Catering | | 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. | | Date of Disbursement MM / DD / YYYY [] / [] / [] |
| Mailing Address | | FEC Identification Number C [] Amount of Each Disbursement this Period [] |
| City | State | Zip Code |
| Purpose of Disbursement | | 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).....▶ | [] 362.34 |
| TOTAL This Period (last page this line number only).....▶ | [] 6052.69 |

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. NATIONAL ACTION COMMITTEE (NACPAC)

Full Name (Last, First, Middle Initial)

Mailing Address 3389 Sheridan St
424

City Hollywood State FL Zip Code 33021-3606

Purpose of Disbursement Contribution

Candidate Name
NATIONAL ACTION COMMITTEE (NACPAC)

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

State: District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y
04 / 01 / 2019

FEC Identification Number
C C00147983
Transaction ID : 500277114

Amount of Each Disbursement this Period
1000.00

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
Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y

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
Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement
M M / D D / Y Y Y Y Y Y

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1000.00 |
| TOTAL This Period (last page this line number only).....▶ | 1000.00 |

**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)
BFB PAC

| | | | |
|--|--|--|---------------------------------------|
| Full Name (Last, First, Middle Initial) A. Friends Of Lori Schreiber | | Date of Disbursement MM / DD / YYYY 01 / 21 / 2019 | |
| Mailing Address 2479 Lafayette Ave | | FEC Identification Number C [] Transaction ID : 500277123 Amount of Each Disbursement this Period 500.00 | |
| City Roslyn | State PA | Zip Code 19001-4206 | Category/Type [] |
| Purpose of Disbursement Contribution | | Candidate Name | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Memo Item <input type="checkbox"/> |
| State: District: | Disbursement For: 2020 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|---------------------------------------|
| Full Name (Last, First, Middle Initial) B. | | Date of Disbursement MM / DD / YYYY | |
| Mailing Address | | FEC Identification Number C [] Amount of Each Disbursement this Period | |
| City | State | Zip Code | Category/Type [] |
| Purpose of Disbursement | | Candidate Name | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Memo Item <input type="checkbox"/> |
| State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | | |
|--|--|---|---------------------------------------|
| Full Name (Last, First, Middle Initial) C. | | Date of Disbursement MM / DD / YYYY | |
| Mailing Address | | FEC Identification Number C [] Amount of Each Disbursement this Period | |
| City | State | Zip Code | Category/Type [] |
| Purpose of Disbursement | | Candidate Name | |
| Candidate Name | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | | Memo Item <input type="checkbox"/> |
| State: District: | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|--------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 500.00 |
| TOTAL This Period (last page this line number only).....▶ | 500.00 |

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

| | |
|---|--|
| (Use separate schedule(s) for each numbered line) | PAGE 17 OF 17 |
| | FOR LINE NUMBER: (check only one) |
| <input type="checkbox"/> 9 | <input checked="" type="checkbox"/> 10 |

NAME OF COMMITTEE (In Full)
BFB PAC

| | | | |
|--|-------------|------------------------|---|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ide, Vanessa, , , | | | Nature of Debt (Purpose): Fundraising Consulting |
| Mailing Address 1701 16Th St NW Apt 121 | | | |
| City Washington | State DC | Zip Code 20009-3110 | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | Transaction ID : 1250000143 | |
| 500.00 | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| 0.00 | 500.00 | 0.00 | |

| | | | |
|--|-------|----------|---------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | | Nature of Debt (Purpose): |
| Mailing Address | | | |
| City | State | Zip Code | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | | |
| | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| | | | |

| | | | |
|--|-------|----------|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | | | Nature of Debt (Purpose): |
| Mailing Address | | | |
| City | State | Zip Code | |

| | | | |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period | | | |
| | | | |
| Amount Incurred This Period | Payment This Period | Outstanding Balance at Close of This Period | |
| | | | |

| | |
|--|------|
| 1) SUBTOTALS This Period This Page (optional)..... ▶ | 0.00 |
| 2) TOTALS This Period (last page this line number only)..... ▶ | 0.00 |
| 3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶ | |
| 4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶ | |