

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

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 / /

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="2023"/>	<input type="text" value="29160.85"/>	<input type="text" value="29160.85"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="26745.72"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="23500.00"/>	<input type="text" value="103257.72"/>
(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="50245.72"/>	<input type="text" value="132418.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="38027.21"/>	<input type="text" value="120200.06"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="12218.51"/>	<input type="text" value="12218.51"/>
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

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).....	500.00	6300.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	500.00	6300.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	23000.00	90000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	23500.00	96300.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	6957.72
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)).....▶	23500.00	103257.72
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	23500.00	103257.72

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	35127.21	62300.06
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	35127.21	62300.06
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3050.00	58050.00
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).....	- 150.00	- 150.00
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)) ..	38027.21	120200.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	38027.21	120200.06

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)	23500.00	96300.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	23500.00	96300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	35127.21	62300.06
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	35127.21	62300.06

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 16
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Miller, Paul, , ,

Mailing Address 7513 Detwiller Drive

City Clifton State VA Zip Code 20124

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
05 / 30 / 2023

Transaction ID : SA11AI.5654

Amount of Each Receipt this Period
500.00

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
MM / DD / YYYY

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

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

**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 16
<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)
Building and Restoring the American Dream Fund

A. ABBOTT LABORATORIES EMPLOYEE POLITICAL ACTION COMMITTEE

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

Mailing Address 100 Abbott Park Road

City Abbott Park	State IL	Zip Code 60064
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FEC ID number of contributing federal political committee. **C** C00040279

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2023

Transaction ID : SA11C.5678

Amount of Each Receipt this Period
2500.00

Memo Item

B. AMERICAN ACADEMY OF OPHTHALMOLOGY INC POLITICAL COMMITTEE (OPHTHPAC)

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

Mailing Address 655 BEACH STREET

City SAN FRANCISCO	State CA	Zip Code 94109
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FEC ID number of contributing federal political committee. **C** C00196246

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
06		26		2023

Transaction ID : SA11C.5675

Amount of Each Receipt this Period
5000.00

Memo Item

C. BAE SYSTEMS INC. POLITICAL ACTION COMMITTEE

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

Mailing Address 2941 Fairview Park Drive

City Falls Church	State VA	Zip Code 22042
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FEC ID number of contributing federal political committee. **C** C00281212

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 M	/	D D D	/	Y Y Y Y Y Y
06		22		2023

Transaction ID : SA11C.5673

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	8500.00
TOTAL 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 16
<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)
Building and Restoring the American Dream Fund

A. GRIDIRON-PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 345 Park Ave

City New York	State NY	Zip Code 10154
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FEC ID number of contributing federal political committee. **C** C00451153

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		30		2023

Transaction ID : SA11C.5680

Amount of Each Receipt this Period
3500.00

Memo Item

B. NATIONAL EMERGENCY MEDICINE POLITICAL ACTION COMMITTEE / AMERICAN COLLEGE OF EMERGENCY PHY
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4950 W ROYAL LANE

City IRVING	State TX	Zip Code 75038
----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00140061

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05		23		2023

Transaction ID : SA11C.5647

Amount of Each Receipt this Period
2500.00

Memo Item

C. NATIONAL ROOFING CONTRACTORS ASSOCIATION ROOF PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 324 FOURTH STREET NE

City WASHINGTON	State DC	Zip Code 20002
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FEC ID number of contributing federal political committee. **C** C00244863

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 M	/	D D D	/	Y Y Y Y Y Y
06		06		2023

Transaction ID : SA11C.5653

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	7000.00
TOTAL 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 9 OF 16
<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)
Building and Restoring the American Dream Fund

A. PRICEWATERHOUSECOOPERS POLITICAL ACTION COMMITTEE I

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

Mailing Address 655 NEW YORK AVE NW
SUITE 1100

City WASHINGTON State DC Zip Code 20001

FEC ID number of contributing federal political committee. **C** C00107235

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
06 / 06 / 2023

Transaction ID : SA11C.5652

Amount of Each Receipt this Period
5000.00

Memo Item

B. ZENECA INC. POLITICAL ACTION COMMITTEE (AZPAC)

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

Mailing Address C/O ZENECA INC.
1800 CONCORD PIKE, PO BOX 15437

City WILMINGTON State DE Zip Code 19850

FEC ID number of contributing federal political committee. **C** C00279455

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt
MM / DD / YYYY
04 / 18 / 2023

Transaction ID : SA11C.5637

Amount of Each Receipt this Period
2500.00

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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	7500.00
TOTAL This Period (last page this line number only).....▶	23000.00

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

A. CFS Compliance

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement PAC Compliance Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 10 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5636

Amount of Each Disbursement this Period: 400.00

Memo Item

B. CFS Compliance

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement PAC Compliance Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 09 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5643

Amount of Each Disbursement this Period: 400.00

Memo Item

C. CFS Compliance

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 30844

City Bethesda State MD Zip Code 20824

Purpose of Disbursement PAC Compliance Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 06 / 09 / 2023

FEC Identification Number: C

Transaction ID : SB21B.5671

Amount of Each Disbursement this Period: 400.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1200.00

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)
Building and Restoring the American Dream Fund

Full Name (Last, First, Middle Initial) A. The Townsend Group		Date of Disbursement MM / DD / YYYY 04 / 11 / 2023
Mailing Address 1006 Pendelton Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5634 Amount of Each Disbursement this Period 6376.91
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement PAC Fundraising Consulting		Category/ Type 003
Candidate Name		Memo Item <input type="checkbox"/>
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) B. The Townsend Group		Date of Disbursement MM / DD / YYYY 04 / 12 / 2023
Mailing Address 1006 Pendelton Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5635 Amount of Each Disbursement this Period 9516.23
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement PAC Fundraising Consulting		Category/ Type 003
Candidate Name		Memo Item <input type="checkbox"/>
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. The Townsend Group		Date of Disbursement MM / DD / YYYY 04 / 17 / 2023
Mailing Address 1006 Pendelton Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5638 Amount of Each Disbursement this Period - 20873.51
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement VOID: Fundraising Consulting 3/27 lost in mail see reissue on 4/20/2023		Category/ Type 003
Candidate Name		Memo Item <input type="checkbox"/>
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).....▶	- 4980.37
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)

Building and Restoring the American Dream Fund

Full Name (Last, First, Middle Initial)

A. The Townsend Group

Mailing Address 1006 Pendelton Street

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
PAC Fundraising Consulting

003

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	4		1	7		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5639

Amount of Each Disbursement this Period

[REDACTED] 20873.51

Memo Item

Full Name (Last, First, Middle Initial)

B. The Townsend Group

Mailing Address 1006 Pendelton Street

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
PAC Fundraising Consulting

003

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	5		0	2		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5642

Amount of Each Disbursement this Period

[REDACTED] 3474.16

Memo Item

Full Name (Last, First, Middle Initial)

C. The Townsend Group

Mailing Address 1006 Pendelton Street

City
Alexandria

State
VA

Zip Code
22314

Purpose of Disbursement
PAC Fundraising Consulting

003

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	6		3	0		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : SB21B.5677

Amount of Each Disbursement this Period

[REDACTED] 13659.91

Memo Item

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

[REDACTED] 38007.58

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)
Building and Restoring the American Dream Fund

Full Name (Last, First, Middle Initial) A. Wuellner, Maggie, , ,		Date of Disbursement MM / DD / YYYY 05 / 24 / 2023	
Mailing Address 3422 Custer Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5645	
City Cincinnati	State OH	Zip Code 45208	Amount of Each Disbursement this Period [REDACTED] 600.00
Purpose of Disbursement PAC Fundraising		Category/Type 003	<input type="checkbox"/> Memo Item
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) B. Wuellner, Maggie, , ,		Date of Disbursement MM / DD / YYYY 06 / 21 / 2023	
Mailing Address 3422 Custer Street		FEC Identification Number C [REDACTED] Transaction ID : SB21B.5672	
City Cincinnati	State OH	Zip Code 45208	Amount of Each Disbursement this Period [REDACTED] 300.00
Purpose of Disbursement PAC Fundraising		Category/Type 003	<input type="checkbox"/> Memo Item
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 [REDACTED]	
City	State	Zip Code	Amount of Each Disbursement this Period [REDACTED]
Purpose of Disbursement		Category/Type	<input type="checkbox"/> Memo Item
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).....▶	[REDACTED] 900.00
TOTAL This Period (last page this line number only).....▶	[REDACTED] 35127.21

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. ANDY BARR FOR CONGRESS, INC.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	2		2	0	2	3

Mailing Address PO BOX 2059

City Lexington State KY Zip Code 40588

FEC Identification Number

C C00467571

Purpose of Disbursement
Political Contribution

011
Category/
Type

Transaction ID : SB23.5682

Amount of Each Disbursement this Period

4200.00

Candidate Name

BARR, GARLAND ANDY, , ,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: KY District: 06

Memo Item

Full Name (Last, First, Middle Initial)

B. Lawler for Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	2	3

Mailing Address PO Box 87

City South Salem State NY Zip Code 10590

FEC Identification Number

C C00815415

Purpose of Disbursement
VOID-Lost Check from 3/27/2023 see reissue 4/3/2023

011
Category/
Type

Transaction ID : SB23.5616

Amount of Each Disbursement this Period

- 1000.00

Candidate Name

Lawler, Mike, , ,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: NY District: 17

Memo Item

Full Name (Last, First, Middle Initial)

C. Lawler for Congress

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	3		2	0	2	3

Mailing Address PO Box 87

City South Salem State NY Zip Code 10590

FEC Identification Number

C C00815415

Purpose of Disbursement
Political Contribution reissue

011
Category/
Type

Transaction ID : SB23.5618

Amount of Each Disbursement this Period

1000.00

Candidate Name

Lawler, Mike, , ,

Office Sought: House Senate President

Disbursement For: 2024 Primary General Other (specify) ▼

State: NY District: 17

Memo Item

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

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

4200.00

**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. Pike County Republican Party

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		24		2023

Mailing Address 431 Gordon Ave

FEC Identification Number

C []

Transaction ID : SB23.5651

Amount of Each Disbursement this Period

[] - 150.00

Memo Item

City Waverly State OH Zip Code 45690

Purpose of Disbursement
VOID-State Check no reissue

012
Category/
Type

Candidate Name

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

Full Name (Last, First, Middle Initial)

B. SCOTT TAYLOR FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		24		2023

Mailing Address PO BOX 71596

FEC Identification Number

C C00608703

Transaction ID : SB23.5650

Amount of Each Disbursement this Period

[] - 1000.00

Memo Item

City RICHMOND State VA Zip Code 23255

Purpose of Disbursement
VOID-State Check No Reissue

011
Category/
Type

Candidate Name

Office Sought: House Senate President
Disbursement For: 2022 Primary General Other (specify) ▼
State: VA District: 02

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
[]		[]		[]

Mailing Address

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

City State Zip Code

Purpose of Disbursement

[]
Category/
Type

Candidate Name

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

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

[] - 1150.00

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

[] 3050.00

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

Full Name (Last, First, Middle Initial)
A. Hubbard for County Engineer

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		22		2023

Mailing Address 8562 Shuman Lane

FEC Identification Number

C []

Transaction ID : SB29.5676
Amount of Each Disbursement this Period

[] - 150.00

Memo Item

City Cincinnati State OH Zip Code 45231

Purpose of Disbursement
VOID:PAC Local Political Contribution

011
Category/
Type

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

City State Zip Code

Purpose of Disbursement

[]
Category/
Type

Candidate Name

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

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

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

City State Zip Code

Purpose of Disbursement

[]
Category/
Type

Candidate Name

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

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

[] - 150.00

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

[] - 150.00