

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

Building Bridges, Not Walls

ADDRESS (number and street) 1801 Century Park East, Suite 1132

Check if different than previously reported. (ACC) Los Angeles CA 90067

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

C C00617449

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 M M / D D / Y Y Y Y Y Y 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 M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y 07 / 01 / 2016 through M M / D D / Y Y Y Y Y Y 09 / 30 / 2016

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

Copeland, Rita, , ,

Type or Print Name of Treasurer

Signature of Treasurer Copeland, Rita, , , [Electronically Filed] Date M M / D D / Y Y Y Y Y Y 11 / 04 / 2016

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)

Page 2

Write or Type Committee Name

Building Bridges, Not Walls

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="19530.20"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="35050.00"/>	<input type="text" value="56513.00"/>
(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="54580.20"/>	<input type="text" value="56513.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5383.31"/>	<input type="text" value="7316.11"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="49196.89"/>	<input type="text" value="49196.89"/>
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="143382.17"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Building Bridges, Not Walls

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
09 / 30 / 2016

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5000.00	26000.00
(ii) Unitemized	50.00	513.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5050.00	26513.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	30000.00	30000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	35050.00	56513.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	35050.00	56513.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	35050.00	56513.00

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	5383.31	7316.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5383.31	7316.11
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5383.31	7316.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5383.31	7316.11

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)	35050.00	56513.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	35050.00	56513.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	5383.31	7316.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	5383.31	7316.11

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Amend Schedule D and Update Summary

Form/Schedule:
Transaction ID:

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 15
(check only one)

<input checked="" 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 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 Bridges, Not Walls

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Johnson, David G., , ,

Mailing Address 365 N. Rockingham Avenue

City Los Angeles	State CA	Zip Code 90049
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Act 4 Entertainment	Occupation (for Individual) Founder/Producer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
MM / DD / YYYY
07 / 05 / 2016

Transaction ID : INCA8

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
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).....	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 8 OF 15
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Building Bridges, Not Walls

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Fabian Nunez for Treasurer 2018

Mailing Address 555 Capitol Mall, Suite 1425

City Sacramento	State CA	Zip Code 95814
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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 ▼
30000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
09		21		2016

Transaction ID : INCA29

Amount of Each Receipt this Period

30000.00

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

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Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	30000.00
TOTAL This Period (last page this line number only).....▶	30000.00

**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 Bridges, Not Walls

Full Name (Last, First, Middle Initial) A. River City Business Services		Date of Disbursement MM / DD / YYYY 07 / 07 / 2016
Mailing Address 5429 Madison Avenue		FEC Identification Number C [REDACTED]
City Sacramento	State CA	Zip Code 95841
Purpose of Disbursement Bookkeeping, Postage, Copies, Supplies and Software Fee		Transaction ID : EXPB10
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 1550.71
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. River City Business Services		Date of Disbursement MM / DD / YYYY 08 / 02 / 2016
Mailing Address 5429 Madison Avenue		FEC Identification Number C [REDACTED]
City Sacramento	State CA	Zip Code 95841
Purpose of Disbursement Bookkeeping, Postage, Copies, Supplies and Software Fee		Transaction ID : EXPB19
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 1526.17
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. River City Business Services		Date of Disbursement MM / DD / YYYY 09 / 01 / 2016
Mailing Address 5429 Madison Avenue		FEC Identification Number C [REDACTED]
City Sacramento	State CA	Zip Code 95841
Purpose of Disbursement Bookkeeping, Postage, Copies, Supplies and Software Fee		Transaction ID : EXPB25
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 1525.00
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) ▼	<input type="checkbox"/> Memo Item
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 4601.88
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 Bridges, Not Walls

Full Name (Last, First, Middle Initial)

A. Select Bankcard

Mailing Address 170 Interstate Plaza, Suite 220

City Lehi State UT Zip Code 84043

Purpose of Disbursement
Credit Card Processing Fee

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 / 01 / 2016

FEC Identification Number

C

Transaction ID : EXPB16

Amount of Each Disbursement this Period

745.45

Memo Item

Full Name (Last, First, Middle Initial)

B. Select Bankcard

Mailing Address 170 Interstate Plaza, Suite 220

City Lehi State UT Zip Code 84043

Purpose of Disbursement
Credit Card Processing Fee

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 / 01 / 2016

FEC Identification Number

C

Transaction ID : EXPB24

Amount of Each Disbursement this Period

17.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Select Bankcard

Mailing Address 170 Interstate Plaza, Suite 220

City Lehi State UT Zip Code 84043

Purpose of Disbursement
Credit Card Processing Fee

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 / 01 / 2016

FEC Identification Number

C

Transaction ID : EXPB27

Amount of Each Disbursement this Period

17.00

Memo Item

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

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

779.45

5381.33

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 15
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Building Bridges, Not Walls

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ALZA Strategies			Nature of Debt (Purpose): General Campaign Consulting
Mailing Address 10234 Sorenstam Drive			
City Sacramento	State CA	Zip Code 95829	

Outstanding Balance Beginning This Period 10000.00	Transaction ID : PAYD12	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ALZA Strategies			Nature of Debt (Purpose): General Campaign Consulting
Mailing Address 10234 Sorenstam Drive			
City Sacramento	State CA	Zip Code 95829	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD13	
Amount Incurred This Period 10000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ALZA Strategies			Nature of Debt (Purpose): General Campaign Consulting
Mailing Address 10234 Sorenstam Drive			
City Sacramento	State CA	Zip Code 95829	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD22	
Amount Incurred This Period 10000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 10000.00

1) SUBTOTALS This Period This Page (optional)..... ▶	30000.00
2) TOTALS This Period (last page this line number only)..... ▶	
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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 12 OF 15
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Building Bridges, Not Walls

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ground Floor Public Affairs Corp.			Nature of Debt (Purpose): General Campaign Consulting and Postage
Mailing Address 20920 Outer Zayante Road			
City Los Gatos	State CA	Zip Code 95033	

Outstanding Balance Beginning This Period 37581.50	Transaction ID : PAYD15	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 37581.50

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ground Floor Public Affairs Corp.			Nature of Debt (Purpose): General Campaign Consulting
Mailing Address 20920 Outer Zayante Road			
City Los Gatos	State CA	Zip Code 95033	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD20	
Amount Incurred This Period 25000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25000.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ground Floor Public Affairs Corp.			Nature of Debt (Purpose): Lodging and Airfare
Mailing Address 20920 Outer Zayante Road			
City Los Gatos	State CA	Zip Code 95033	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD21	
Amount Incurred This Period 680.53	Payment This Period 0.00	Outstanding Balance at Close of This Period 680.53

1) SUBTOTALS This Period This Page (optional)..... ▶	63262.03
2) TOTALS This Period (last page this line number only)..... ▶	
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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 13 OF 15
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Building Bridges, Not Walls

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Ground Floor Public Affairs Corp.			Nature of Debt (Purpose): General Campaign Consulting
Mailing Address 20920 Outer Zayante Road			
City Los Gatos	State CA	Zip Code 95033	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD26	
Amount Incurred This Period 25000.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 25000.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Maravich Associates, LLC			Nature of Debt (Purpose): Parking and Airfare
Mailing Address 1801 Century Park East, Suite 1132			
City Los Angeles	State CA	Zip Code 90067	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD23	
Amount Incurred This Period 1621.20	Payment This Period 0.00	Outstanding Balance at Close of This Period 1621.20

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Maravich Associates, LLC			Nature of Debt (Purpose): Airfare and Car
Mailing Address 1801 Century Park East, Suite 1132			
City Los Angeles	State CA	Zip Code 90067	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD28	
Amount Incurred This Period 310.68	Payment This Period 0.00	Outstanding Balance at Close of This Period 310.68

1) SUBTOTALS This Period This Page (optional)..... ▶	26931.88
2) TOTALS This Period (last page this line number only)..... ▶	
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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 14 OF 15
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Building Bridges, Not Walls

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor River City Business Services			Nature of Debt (Purpose): Bookkeeping, Postage, Copies, Supplies and Software Fee
Mailing Address 5429 Madison Avenue			
City Sacramento	State CA	Zip Code 95841	

Outstanding Balance Beginning This Period 1550.71	Transaction ID : PAYD9	
Amount Incurred This Period 0.00	Payment This Period 1550.71	Outstanding Balance at Close of This Period 0.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor River City Business Services			Nature of Debt (Purpose): Bookkeeping, Postage, Copies, Supplies and Software Fee
Mailing Address 5429 Madison Avenue			
City Sacramento	State CA	Zip Code 95841	

Outstanding Balance Beginning This Period 0.00	Transaction ID : PAYD30	
Amount Incurred This Period 1525.26	Payment This Period 0.00	Outstanding Balance at Close of This Period 1525.26

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Trilogy Interactive, LLC			Nature of Debt (Purpose): General Campaign Consulting, Website Design and Development
Mailing Address Post Office Box 4177			
City Mountain View	State CA	Zip Code 94040	

Outstanding Balance Beginning This Period 20210.00	Transaction ID : PAYD14	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 20210.00

1) SUBTOTALS This Period This Page (optional)..... ▶	21735.26
2) TOTALS This Period (last page this line number only)..... ▶	
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) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 15 OF 15
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Building Bridges, Not Walls

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Villaraigosa, Antonio, , ,			Nature of Debt (Purpose): Lodging
Mailing Address 2742 Creston Drive			
City Los Angeles	State CA	Zip Code 90068	

Outstanding Balance Beginning This Period		Transaction ID : PAYD64	
0.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
1453.00	0.00	1453.00	

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)..... ▶	1453.00
2) TOTALS This Period (last page this line number only)..... ▶	143382.17
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	143382.17