

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Bailemabers Local 85 Federal PAC

Report Covering the Period:

From:

10 ' **01** ' **2019**

To:

12 ' **31** ' **2019**

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2019		20,093.54
(b) Cash on Hand at Beginning of Reporting Period.....	29,847.54	
(c) Total Receipts (from Line 19)	0.00	17,604.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	29,847.54	37,697.54
7. Total Disbursements (from Line 31).....	5,000.00	12,850.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	24,847.54	24,847.54
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE
of 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		
(ii) Non-Federal Share		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	5000.00	10000.00
24. Independent Expenditures (use Schedule E)		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)		
26. Loan Repayments Made		
27. Loans Made		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs)		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
29. Other Disbursements		2850.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share		
(ii) "Levin" Share		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	5000.00	12850.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	5000.00	12850.00

NON-FEDERAL SHARE

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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

0.00
0.00
0.00
0.00
0.00
0.00

14,144.93
0.00
14,144.93
0.00
0.00
0.00

NON-FEDERAL CAMPAIGN FINANCING

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

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

FOR LINE NUMBER: PAGE OF
(check only one)

<input type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 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)

A.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

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

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

20030201 10:00 AM

**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)

PAGE OF

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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

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)
Bakers Local 85 Federal PAC

Full Name (Last, First, Middle Initial)

A. *Tru Dem Leadership Committee*

Date of Disbursement

10 / 28 / 2019

Mailing Address

PO Box 442

City

Toledo OH

State

Zip Code

43697

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

5000.00

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

Date of Disbursement

MM / DD / YYYY

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

5000.00

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

5000.00

SCHEDULE C (FEC Form 3X)

LOANS

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

PAGE OF
FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

- Primary
- General
- Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

[Grid for Original Amount of Loan]

[Grid for Cumulative Payment To Date]

[Grid for Balance Outstanding at Close of This Period]

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

[Grid for Date Incurred]

[Grid for Date Due]

[Grid for Interest Rate]

[Grid for Interest Rate] % (apr)

Yes No

List All Endorsers or Guarantors (if any) to Loan Source

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding: [Grid]

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding: [Grid]

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding: [Grid]

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

Name of Employer

Mailing Address

Occupation

City State ZIP Code

Amount Guaranteed Outstanding: [Grid]

SUBTOTALS This Period This Page (optional)..... ▶

[Grid for Subtotals]

TOTALS This Period (last page in this line only)..... ▶

[Grid for Totals]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

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SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If this box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.

No Saturday Delivery (delivered next business day)

Sunday/Holiday Delivery Required (additional fee, where available*)

10:30 AM Delivery Required (additional fee, where available*)

*Refer to USPS.com or local Post Office for availability.

TO: (PLEASE PRINT)

PHONE ()

FEC
1050 First St. NW
Washington, DC
20463

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43460
JAN 24, 20
AMOUNT

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R2305K142090-21



EJ 237 973 138 US

PAYMENT BY ACCOUNT (if applicable)

USPS® Corporate Acct. No. Federal Agency Acct. No. or Postal Service™ Acct. No.

ORIGIN (POSTAL SERVICE USE ONLY)
 1-Day 2-Day Military DPO
Scheduled Delivery Date (MMDDYY) 1-27-20 Postage \$ 25.50
Scheduled Delivery Time 10:30 AM 3:00 PM Insurance Fee \$
Date Accepted (MMDDYY) 1-24-20 10:30 AM Delivery Fee Return Receipt Fee Live Animal Transportation Fee
Time Accepted AM PM 1:07 PM \$ \$ \$
Special Handling/Fragile Sunday/Holiday Premium Fee Total Postage & Fees \$ 25.50

ORIGIN (POSTAL SERVICE USE ONLY)		Scheduled Delivery Date (MMDDYY)		Postage	
<input type="checkbox"/> 1-Day	<input checked="" type="checkbox"/> 2-Day	1-27-20		\$ 25.50	
Date Accepted (MMDDYY)		Scheduled Delivery Time		Insurance Fee	
1-24-20		10:30 AM <input type="checkbox"/> 3:00 PM		\$	
Time Accepted		10:30 AM Delivery Fee		Return Receipt Fee	
<input type="checkbox"/> AM <input checked="" type="checkbox"/> PM		1:07 PM		\$	
Special Handling/Fragile		Sunday/Holiday Premium Fee		Total Postage & Fees	
\$		\$		\$ 25.50	
Weight		Acceptance/Employee Initials		Employee Signature	
23 lbs		JFJ			
DELIVERY (POSTAL SERVICE USE ONLY)		Delivery Attempt (MMDDYY)		Employee Signature	
<input type="checkbox"/> AM <input type="checkbox"/> PM					
Delivery Attempt (MMDDYY)		Time		Employee Signature	
<input type="checkbox"/> AM <input type="checkbox"/> PM					

LABEL 11-B, MARCH 2019

PSN 7590-02-000-9996



July 2013 OD: 12.5 x 9.5

610001000006



UNITED STATES

Federal Election Commission
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<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 1/24/20
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

ES PREPARER (3/2015)	1/27/20 DATE PREPARED
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NON-FEDERAL ELECTION COMMISSION