

**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 14
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
BFB PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Guzel, Murat, , ,

Mailing Address 1139 Lehigh Ave

City Whitehall	State PA	Zip Code 18052-5518
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Nimeks Food Source Inc	Occupation (for Individual) President
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Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 14 / 2018

Transaction ID : C10964869A

Amount of Each Receipt this Period
2300.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address P.O. BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
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Receipt For: 2018
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2018

Transaction ID : C10964869AB

Amount of Each Receipt this Period
2300.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2300.00
TOTAL This Period (last page this line number only).....	2300.00