

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Build the Bench PAC

Report Covering the Period: From: 07 / 01 / 2024 To: 09 / 30 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		27464.12
(b) Cash on Hand at Beginning of Reporting Period.....	4303.05	
(c) Total Receipts (from Line 19)	68650.00	159658.90
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	72953.05	187123.02
7. Total Disbursements (from Line 31).....	20158.53	134328.50
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	52794.52	52794.52
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Build the Bench PAC

Report Covering the Period: From: 07 / 01 / 2024 To: 09 / 30 / 2024

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).....	45500.00	108500.00
(ii) Unitemized	150.00	150.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	45650.00	108650.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	23000.00	51008.90
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	68650.00	159658.90
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)).....▶	68650.00	159658.90
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	68650.00	159658.90

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	14158.53	71828.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	14158.53	71828.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000.00	50000.00
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	10000.00
(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	10000.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	2500.00
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)) ..	20158.53	134328.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	20158.53	134328.50

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)	68650.00	159658.90
34. Total Contribution Refunds (from Line 28(d))	0.00	10000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	68650.00	149658.90
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	14158.53	71828.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	14158.53	71828.50

**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 38
	<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)
Build the Bench PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Annunciation Enterprises LLC

Mailing Address 909 Poydras St Ste 3150

City New Orleans	State LA	Zip Code 70112
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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 ▼
3400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2024

Transaction ID : SA11AI.5002

Amount of Each Receipt this Period
3400.00

Memo Item

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

Mailing Address 909 Poydras Street Suite 3150

City New Orleans	State LA	Zip Code 70112
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Stone Pigman Walther Wittmann	Occupation (for Individual) Paralegal
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 06 / 2024

Transaction ID : SA11AI.5002.0

Amount of Each Receipt this Period
3400.00

Memo Item

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

Mailing Address 405 Guy Walker Way

City Durham	State NC	Zip Code 27703
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) St Joseph AME Church	Occupation (for Individual) Pastor
---	---------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2024

Transaction ID : SA11AI.4910

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5400.00
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:	PAGE 7 OF 38
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Build the Bench PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ActBlue Technical Services

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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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 ▼
22750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2024

Transaction ID : SA11AI.4910.0

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 6540 Louis XIV

City New Orleans	State LA	Zip Code 70124
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Oceana Grill	Occupation (for Individual) Business Owner
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2024

Transaction ID : SA11AI.4915

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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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 ▼
28750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2024

Transaction ID : SA11AI.4915.0

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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:	PAGE 8 OF 38
(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	

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NAME OF COMMITTEE (In Full)
Build the Bench PAC

A. Broussard, Hattie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 151 Turnberry Dr
 City New Orleans State LA Zip Code 70128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2024
Transaction ID : SA11AI.4906
 Amount of Each Receipt this Period
 2000.00
 Memo Item

B. ActBlue Technical Services
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 366 Summer Street
 City Somerville State MA Zip Code 02144
 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 ▼ 30750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2024
Transaction ID : SA11AI.4906.0
 Amount of Each Receipt this Period
 2000.00
 Memo Item

C. Davis, Takeisha, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 17 Park Timbers Drive
 City New Orleans State LA Zip Code 70131
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LCMC Health Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2024
Transaction ID : SA11AI.4918
 Amount of Each Receipt this Period
 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	4000.00
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: PAGE 9 OF 38
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Build the Bench PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ActBlue Technical Services

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

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 ▼
17750.00

Date of Receipt
09 / 25 / 2024
Transaction ID : SA11AI.4918.0

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 2437 Fern St

City New Orleans State LA Zip Code 70125

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

Name of Employer (for Individual) Occupation (for Individual)
Enhanced Capital Government Relations Professional

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7000.00

Date of Receipt
09 / 25 / 2024
Transaction ID : SA11AI.4917

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

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 ▼
15750.00

Date of Receipt
09 / 25 / 2024
Transaction ID : SA11AI.4917.0

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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

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

Form/Schedule: SA11AI

Transaction ID : SA11AI.4917

Excess contribution refunded on 12/20/2024.

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 11 OF 38
 (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

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NAME OF COMMITTEE (In Full)
Build the Bench PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Dolan, Nancy, , ,

Mailing Address 570 N Cahuenga Blvd

City Los Angeles	State CA	Zip Code 90004
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self	Occupation (for Individual) Consultant
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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
 07 / 03 / 2024

Transaction ID : SA11AI.4874

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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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 ▼
8000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 03 / 2024

Transaction ID : SA11AI.4874.0

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 11449 White Doe Ct

City Auburn	State CA	Zip Code 95602
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Auburn Urogynecology	Occupation (for Individual) Practice Manger
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2024

Transaction ID : SA11AI.4912

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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: PAGE 12 OF 38
 (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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Build the Bench PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ActBlue Technical Services

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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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 ▼
24750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2024

Transaction ID : SA11AI.4912.0

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 433 Clara Ave.
Apt. 12

City St Louis	State MO	Zip Code 63112
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2024

Transaction ID : SA11AI.4903

Amount of Each Receipt this Period
300.00

Memo Item

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

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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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 ▼
13750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 06 / 2024

Transaction ID : SA11AI.4903.0

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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 13 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Build the Bench PAC

A. Gaitor, Vonda, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2845 Amazon St
 City New Orleans State LA Zip Code 70114
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Oschner Occupation (for Individual) Nurse Practitioner
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 25 / 2024
Transaction ID : SA11AI.4920
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. ActBlue Technical Services
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 366 Summer Street
 City Somerville State MA Zip Code 02144
 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 ▼ 18750.00

Date of Receipt 09 / 25 / 2024
Transaction ID : SA11AI.4920.0
 Amount of Each Receipt this Period 1000.00
 Memo Item

C. Grant, Deborah, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 800 Amethyst St
 City New Orleans State LA Zip Code 70124
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) None Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 09 / 27 / 2024
Transaction ID : SA11AI.4908
 Amount of Each Receipt this Period 4000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5000.00
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 14 OF 38		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14	<input type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16

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NAME OF COMMITTEE (In Full)
Build the Bench PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ActBlue Technical Services

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
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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 ▼
34750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 27 / 2024
Transaction ID : SA11AI.4908.0

Amount of Each Receipt this Period
4000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Gulf Strategic Partners LLC

Mailing Address 3641 Napoleon Ave

City New Orleans	State LA	Zip Code 70125
---------------------	-------------	-------------------

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 ▼
2500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 13 / 2024
Transaction ID : SA11AI.5006

Amount of Each Receipt this Period
2500.00

Memo Item

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

Mailing Address 3641 Napoleon Ave

City New Orleans	State LA	Zip Code 70125
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Pelican State Partners	Occupation (for Individual) Partner
---	--

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
 09 / 13 / 2024
Transaction ID : SA11AI.5006.0

Amount of Each Receipt this Period
2500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
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: PAGE 15 OF 38
(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

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NAME OF COMMITTEE (In Full)
Build the Bench PAC

A. Hammack, William, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 717 Girod St.

City New Orleans	State LA	Zip Code 70130
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Self	Occupation (for Individual) Business Owner
---	---

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
09	/	05	/	2024

Transaction ID : SA11AI.4854

Amount of Each Receipt this Period
1000.00

Memo Item

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

Mailing Address 701 Poydras St

City New Orleans	State LA	Zip Code 70139
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Henry Consulting	Occupation (for Individual) Managing Partner
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2024

Transaction ID : SA11AI.4925

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
--------------------	-------------	-------------------

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 ▼
36750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2024

Transaction ID : SA11AI.4925.0

Amount of Each Receipt this Period
2000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
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 16 OF 38
	<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	

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NAME OF COMMITTEE (In Full)
Build the Bench PAC

A. Lopinto, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2016 Persimmon Ave
 City Metairie State LA Zip Code 70001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Jefferson Parish Sheriffs Offi Occupation (for Individual) Sheriff
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 4000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2024
Transaction ID : SA11AI.4923
 Amount of Each Receipt this Period
 4000.00
 Memo Item

B. ActBlue Technical Services
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 366 Summer Street
 City Somerville State MA Zip Code 02144
 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 ▼ 40750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2024
Transaction ID : SA11AI.4923.0
 Amount of Each Receipt this Period
 4000.00
 Memo Item

C. Luster, Floyd, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3255 Choctaw Drive
 City Baton Rouge State LA Zip Code 70805
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) TLG Occupation (for Individual) Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 25 / 2024
Transaction ID : SA11AI.4921
 Amount of Each Receipt this Period
 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
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 17 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Build the Bench PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ActBlue Technical Services

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
--------------------	-------------	-------------------

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 ▼
20750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		25		2024

Transaction ID : SA11AI.4921.0

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address 3 Tingey Sq
Apt 801

City Washington	State DC	Zip Code 20003
--------------------	-------------	-------------------

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

Name of Employer (for Individual) CBCPAC	Occupation (for Individual) Fundraiser
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2024

Transaction ID : SA11AI.4883

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
--------------------	-------------	-------------------

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 ▼
11000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		05		2024

Transaction ID : SA11AI.4883.0

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	500.00
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 18 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Build the Bench PAC

A. Moreno, Helena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 625 St. Charles Ave
 City New Orleans State LA Zip Code 70130
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) City of New Orleans Occupation (for Individual) City Council Member
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 07 / 05 / 2024
Transaction ID : SA11AI.4880
 Amount of Each Receipt this Period 2000.00
 Memo Item

B. ActBlue Technical Services
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 366 Summer Street
 City Somerville State MA Zip Code 02144
 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 ▼ 13000.00

Date of Receipt 07 / 05 / 2024
Transaction ID : SA11AI.4880.0
 Amount of Each Receipt this Period 2000.00
 Memo Item

C. Rosenberg, Staci, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1019 Constantinople St
 City New Orleans State LA Zip Code 70115
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Rosenberg & Clark LLC Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 07 / 05 / 2024
Transaction ID : SA11AI.4881
 Amount of Each Receipt this Period 1000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 19 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Build the Bench PAC

A. ActBlue Technical Services
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 366 Summer Street
 City Somerville State MA Zip Code 02144
 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 ▼
 10500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2024
Transaction ID : SA11AI.4881.0
 Amount of Each Receipt this Period
 1000.00
 Memo Item

B. Spears, Ike, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 909 Poydras St Ste 1850
 City New Orleans State LA Zip Code 70112
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Consultant
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2024
Transaction ID : SA11AI.4914
 Amount of Each Receipt this Period
 2000.00
 Memo Item

C. ActBlue Technical Services
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 366 Summer Street
 City Somerville State MA Zip Code 02144
 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 ▼
 26750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 26 / 2024
Transaction ID : SA11AI.4914.0
 Amount of Each Receipt this Period
 2000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
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 20 OF 38
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Build the Bench PAC

A. Stewart, Jennifer, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5405 Wehawken Rd.
 City Bethesda State MD Zip Code 20816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Stewart Strategies & Solutions Occupation (for Individual) Lobbyist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 03 / 2024
Transaction ID : SA11AI.4871
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. ActBlue Technical Services
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 366 Summer Street
 City Somerville State MA Zip Code 02144
 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 ▼ 7000.00

Date of Receipt 07 / 03 / 2024
Transaction ID : SA11AI.4871.0
 Amount of Each Receipt this Period 5000.00
 Memo Item

C. Wells, Breon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 September Lane
 City Stafford State VA Zip Code 22554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Daniel Initiative Occupation (for Individual) Business Owner
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 07 / 04 / 2024
Transaction ID : SA11AI.4878
 Amount of Each Receipt this Period 1500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	6500.00
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 21 OF 38
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Build the Bench PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. ActBlue Technical Services		Date of Receipt
Mailing Address 366 Summer Street		<input type="text" value="07"/> / <input type="text" value="04"/> / <input type="text" value="2024"/>
City Somerville	State MA	Zip Code 02144
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4878.0
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="1500.00"/>
Occupation (for Individual)		<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="9500.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Willis, Jennifer, , ,		Date of Receipt
Mailing Address 1684 Hickory Creek Lane		<input type="text" value="07"/> / <input type="text" value="06"/> / <input type="text" value="2024"/>
City Rockwall	State TX	Zip Code 75032
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4885
Name of Employer (for Individual) Jennifer Willis		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Occupation (for Individual) Owner		<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="300.00"/>	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. ActBlue Technical Services		Date of Receipt
Mailing Address 366 Summer Street		<input type="text" value="07"/> / <input type="text" value="06"/> / <input type="text" value="2024"/>
City Somerville	State MA	Zip Code 02144
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Transaction ID : SA11AI.4885.0
Name of Employer (for Individual)		Amount of Each Receipt this Period <input type="text" value="300.00"/>
Occupation (for Individual)		<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ <input type="text" value="13300.00"/>	

SUBTOTAL of Receipts This Page (optional).....	<input type="text" value="300.00"/>
TOTAL This Period (last page this line number only).....	<input type="text" value="45500.00"/>

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 22 OF 38
<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)
Build the Bench PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. AMERICAN OPTOMETRIC ASSOCIATION POLITICAL ACTION COMMITTEE

Mailing Address 1505 PRINCE STREET
SUITE 300

City ALEXANDRIA State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C** C00024968

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
09 / 26 / 2024
Transaction ID : SA11C.4860

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. COX ENTERPRISES PAC (COXPAC) INC.

Mailing Address 975 F STREET NW SUITE 300

City WASHINGTON State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C** C00477653

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
09 / 04 / 2024
Transaction ID : SA11C.4852

Amount of Each Receipt this Period
5000.00

Memo Item

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

Mailing Address 6767 Perkins Rd
Suite 200

City Baton Rouge State LA Zip Code 70608

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 ▼
1000.00

Date of Receipt
09 / 30 / 2024
Transaction ID : SA11C.4862

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	11000.00
TOTAL This Period (last page this line number only).....	

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

Form/Schedule: SA11C

Transaction ID : SA11C.4862

Contribution refunded on 12/20/2024.

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: (check only one)	PAGE 24 OF 38
<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)
Build the Bench PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. JEFFRIES FOR CONGRESS

Mailing Address **PO BOX 65322**

City WASHINGTON	State DC	Zip Code 20035
---------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C C00503052**

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

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
07 / 01 / 2024

Transaction ID : SA11C.4864

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address **366 Summer Street**

City Somerville	State MA	Zip Code 02144
---------------------------	--------------------	--------------------------

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 ▼
2000.00

Date of Receipt
07 / 01 / 2024

Transaction ID : SA11C.4864.0

Amount of Each Receipt this Period
2000.00

Memo Item

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

Mailing Address **PO BOX 818**

City RICHMOND	State VA	Zip Code 23218
-------------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C C00829812**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
07 / 01 / 2024

Transaction ID : SA11C.4867

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	3000.00
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 25 OF 38
<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)
Build the Bench PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. ActBlue Technical Services

Mailing Address 366 Summer Street

City Somerville	State MA	Zip Code 02144
--------------------	-------------	-------------------

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 ▼
18000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 01 / 2024
Transaction ID : SA11C.4867.0

Amount of Each Receipt this Period
1000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

Mailing Address 430 NORTH MICHIGAN AVENUE

City CHICAGO	State IL	Zip Code 60611
-----------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00030718

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
 09 / 12 / 2024
Transaction ID : SA11C.4902

Amount of Each Receipt this Period
5000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. NORFOLK SOUTHERN CORPORATION GOOD GOVERNMENT FUND

Mailing Address ONE CONSTITUTION AVE NE

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00009282

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
 08 / 01 / 2024
Transaction ID : SA11C.4848

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	6000.00
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 26 OF 38
<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)
Build the Bench PAC

A. POWER OF US PAC

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

Mailing Address PO BOX 240912
554 WASHINGTON STREET

City DORCHESTER CENTER State MA Zip Code 02124

FEC ID number of contributing federal political committee. **C** C00706630

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 10 / 2024

Transaction ID : SA11C.4798

Amount of Each Receipt this Period
1000.00

Memo Item

B. SYDNEY KAMLAGER-DOVE FOR CONGRESS

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

Mailing Address 600 PENNSYLVANIA AVE SE #15180

City WASHINGTON State DC Zip Code 20003

FEC ID number of contributing federal political committee. **C** C00795823

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2024

Transaction ID : SA11C.4998

Amount of Each Receipt this Period
1000.00

Memo Item

C. ActBlue Technical Services

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

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

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 ▼
19000.00

Date of Receipt
MM / DD / YYYY
07 / 03 / 2024

Transaction ID : SA11C.4998.0

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional)..... ▶ 2000.00

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:		PAGE 27 OF 38	
<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)
Build the Bench PAC

A. TERRI SEWELL FOR CONGRESS

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

Mailing Address PO BOX 1964

City BIRMINGHAM	State AL	Zip Code 35201
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00458976

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
07	/	10	/	2024

Transaction ID : SA11C.4795

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
-----	---	-----	---	---------

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).....	1000.00
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)

21b 22 23 26 27
 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
Build the Bench PAC

A. ActBlue Technical Services

Full Name (Last, First, Middle Initial) _____

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name _____

Office Sought: House Senate President
 State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement: M M / D D / Y Y Y Y Y Y
 07 / 07 / 2024

FEC Identification Number: C _____

Transaction ID : **SB21B.4965**

Amount of Each Disbursement this Period: _____ 622.13

Memo Item

B. ActBlue Technical Services

Full Name (Last, First, Middle Initial) _____

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name _____

Office Sought: House Senate President
 State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement: M M / D D / Y Y Y Y Y Y
 09 / 29 / 2024

FEC Identification Number: C _____

Transaction ID : **SB21B.4966**

Amount of Each Disbursement this Period: _____ 829.50

Memo Item

C. ActBlue Technical Services

Full Name (Last, First, Middle Initial) _____

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name _____

Office Sought: House Senate President
 State: _____ District: _____

Disbursement For: Primary General
 Other (specify) ▼

Category/Type

Date of Disbursement: M M / D D / Y Y Y Y Y Y
 09 / 30 / 2024

FEC Identification Number: C _____

Transaction ID : **SB21B.4967**

Amount of Each Disbursement this Period: _____ 237.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ► _____ 1688.63

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)
Build the Bench PAC

Full Name (Last, First, Middle Initial) A. Angerholzer Broz Consulting LLC		Date of Disbursement MM / DD / YYYY 08 / 26 / 2024
Mailing Address 499 S Capitol St SW Suite 420		FEC Identification Number C Transaction ID : SB21B.4946 Amount of Each Disbursement this Period 9710.51
City Washington	State DC	
Zip Code 20003		Memo Item <input type="checkbox"/>
Purpose of Disbursement Compliance Consulting Fee and Reimbursed Expenses		
Candidate Name		Category/Type
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. Angerholzer Broz Consulting LLC		Date of Disbursement MM / DD / YYYY 08 / 26 / 2024
Mailing Address 499 S Capitol St SW Suite 420		FEC Identification Number C Transaction ID : SB21B.4946.c Amount of Each Disbursement this Period 500.00
City Washington	State DC	
Zip Code 20003		Memo Item <input checked="" type="checkbox"/>
Purpose of Disbursement Compliance Consulting Fee		
Candidate Name		Category/Type
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. Caesars Superdome		Date of Disbursement MM / DD / YYYY 08 / 26 / 2024
Mailing Address 1500 Sugar Bowl Dr		FEC Identification Number C Transaction ID : SB21B.4946. Amount of Each Disbursement this Period 1939.03
City New Orleans	State LA	
Zip Code 70112		Memo Item <input checked="" type="checkbox"/>
Purpose of Disbursement Fundraiser Event Catering		
Candidate Name		Category/Type
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).....▶	9710.51
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)
Build the Bench PAC

Full Name (Last, First, Middle Initial) A. Caesars Superdome		Date of Disbursement MM / DD / YYYY 08 / 26 / 2024	
Mailing Address 1500 Sugar Bowl Dr		FEC Identification Number C [] Transaction ID : SB21B.4946.3 Amount of Each Disbursement this Period [] 1939.03	
City New Orleans	State LA	Zip Code 70112	Category/ Type []
Purpose of Disbursement Fundraiser Event Catering		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) ▼		<input checked="" type="checkbox"/> Memo Item
State: []	District: []		

Full Name (Last, First, Middle Initial) B. Caesars Superdome		Date of Disbursement MM / DD / YYYY 08 / 26 / 2024	
Mailing Address 1500 Sugar Bowl Dr		FEC Identification Number C [] Transaction ID : SB21B.4946.3 Amount of Each Disbursement this Period [] 1939.03	
City New Orleans	State LA	Zip Code 70112	Category/ Type []
Purpose of Disbursement Fundraiser Event Catering		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) ▼		<input checked="" type="checkbox"/> Memo Item
State: []	District: []		

Full Name (Last, First, Middle Initial) C. Ticketmaster		Date of Disbursement MM / DD / YYYY 08 / 26 / 2024	
Mailing Address 9348 Civic Center Dr		FEC Identification Number C [] Transaction ID : SB21B.4946.3 Amount of Each Disbursement this Period [] 336.95	
City Beverly Hills	State CA	Zip Code 90210	Category/ Type []
Purpose of Disbursement Event Tickets		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) ▼		<input checked="" type="checkbox"/> Memo Item
State: []	District: []		

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
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)
Build the Bench PAC

Full Name (Last, First, Middle Initial) A. Caesars Superdome		Date of Disbursement MM / DD / YYYY 08 / 26 / 2024	
Mailing Address 1500 Sugar Bowl Dr		FEC Identification Number C [] Transaction ID : SB21B.4946.! Amount of Each Disbursement this Period [] 309.88	
City New Orleans	State LA	Zip Code 70112	Category/ Type []
Purpose of Disbursement Fundraiser Event Catering		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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Ticketmaster		Date of Disbursement MM / DD / YYYY 08 / 26 / 2024	
Mailing Address 9348 Civic Center Dr		FEC Identification Number C [] Transaction ID : SB21B.4946.! Amount of Each Disbursement this Period [] 496.00	
City Beverly Hills	State CA	Zip Code 90210	Category/ Type []
Purpose of Disbursement Event Tickets		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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Ticketmaster		Date of Disbursement MM / DD / YYYY 08 / 26 / 2024	
Mailing Address 9348 Civic Center Dr		FEC Identification Number C [] Transaction ID : SB21B.4946.! Amount of Each Disbursement this Period [] 115.65	
City Beverly Hills	State CA	Zip Code 90210	Category/ Type []
Purpose of Disbursement Event Tickets		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) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
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)
Build the Bench PAC

A. Ticketmaster

Full Name (Last, First, Middle Initial)

Mailing Address 9348 Civic Center Dr

City Beverly Hills State CA Zip Code 90210

Purpose of Disbursement
Event Tickets

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 26 / 2024

FEC Identification Number: C
Transaction ID : SB21B.4946.1
Amount of Each Disbursement this Period: 447.60

Memo Item

B. Caesars Superdome

Full Name (Last, First, Middle Initial)

Mailing Address 1500 Sugar Bowl Dr

City New Orleans State LA Zip Code 70112

Purpose of Disbursement
Fundraiser Event Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 26 / 2024

FEC Identification Number: C
Transaction ID : SB21B.4946.9
Amount of Each Disbursement this Period: 334.31

Memo Item

C. Caesars Superdome

Full Name (Last, First, Middle Initial)

Mailing Address 1500 Sugar Bowl Dr

City New Orleans State LA Zip Code 70112

Purpose of Disbursement
Fundraiser Event Catering

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 26 / 2024

FEC Identification Number: C
Transaction ID : SB21B.4946.
Amount of Each Disbursement this Period: 400.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 0.00

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)
Build the Bench PAC

Full Name (Last, First, Middle Initial) A. Caesars Superdome		Date of Disbursement MM / DD / YYYY 08 / 26 / 2024
Mailing Address 1500 Sugar Bowl Dr		FEC Identification Number C Transaction ID : SB21B.4946. Amount of Each Disbursement this Period 143.03
City New Orleans	State LA	
Purpose of Disbursement Fundraiser 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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) B. Caesars Superdome		Date of Disbursement MM / DD / YYYY 08 / 26 / 2024
Mailing Address 1500 Sugar Bowl Dr		FEC Identification Number C Transaction ID : SB21B.4946.1 Amount of Each Disbursement this Period 400.00
City New Orleans	State LA	
Purpose of Disbursement Fundraiser 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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) C. Caesars Superdome		Date of Disbursement MM / DD / YYYY 08 / 26 / 2024
Mailing Address 1500 Sugar Bowl Dr		FEC Identification Number C Transaction ID : SB21B.4946. Amount of Each Disbursement this Period 400.00
City New Orleans	State LA	
Purpose of Disbursement Fundraiser 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) ▼	<input checked="" type="checkbox"/> Memo Item
State: District:		

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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)

Form for line numbers 21b-30b with checkboxes. 21b is checked.

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NAME OF COMMITTEE (In Full)
Build the Bench PAC

Form A: Angerholzer Broz Consulting LLC. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Date of Disbursement, and Amount of Each Disbursement.

Form B: Sendpro. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Date of Disbursement, and Amount of Each Disbursement.

Form C: Angerholzer Broz Consulting LLC. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Date of Disbursement, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) 749.65
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

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)
Build the Bench PAC

Full Name (Last, First, Middle Initial) A. Angerholzer Broz Consulting LLC		Date of Disbursement MM / DD / YYYY 09 / 26 / 2024
Mailing Address 499 S Capitol St SW Suite 420		FEC Identification Number C Transaction ID : SB21B.4943 Amount of Each Disbursement this Period 544.52
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Compliance Consulting Fee and Accounting Software	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. Angerholzer Broz Consulting LLC		Date of Disbursement MM / DD / YYYY 09 / 26 / 2024
Mailing Address 499 S Capitol St SW Suite 420		FEC Identification Number C Transaction ID : SB21B.4944 Amount of Each Disbursement this Period 544.52
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Compliance Consulting Fee and Accounting Software	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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. Angerholzer Broz Consulting LLC		Date of Disbursement MM / DD / YYYY 09 / 26 / 2024
Mailing Address 499 S Capitol St SW Suite 420		FEC Identification Number C Transaction ID : SB21B.4945 Amount of Each Disbursement this Period 544.52
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Compliance Consulting Fee and Accounting Software	Memo Item <input type="checkbox"/>
Candidate Name	Category/Type	
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)..... ▶

1633.56

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)
Build the Bench PAC

A. NGP VAN

Full Name (Last, First, Middle Initial)

Mailing Address 655 15th St NW Ste 650

City Washington State DC Zip Code 20005

Purpose of Disbursement
Software
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 07 / 2024

FEC Identification Number: C
Transaction ID : SB21B.4974
Amount of Each Disbursement this Period: 106.00

Memo Item

B. NGP VAN

Full Name (Last, First, Middle Initial)

Mailing Address 655 15th St NW Ste 650

City Washington State DC Zip Code 20005

Purpose of Disbursement
Software
Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 03 / 2024

FEC Identification Number: C
Transaction ID : SB21B.4975
Amount of Each Disbursement this Period: 106.00

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: / /

FEC Identification Number: C
Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 212.00

TOTAL This Period (last page this line number only)..... ▶ 13994.35

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)
Build the Bench PAC

A. **ADAM GRAY FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 400 CAPITOL MALL, SUITE 2400

M M M	/	D D D	/	Y Y Y Y Y
08		30		2024

City SACRAMENTO	State CA	Zip Code 95814
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FEC Identification Number

Purpose of Disbursement

C	C00801431
---	-----------

Political Contribution

Transaction ID : SB23.4982

Candidate Name

Amount of Each Disbursement this Period

GRAY, ADAM C., , ,

Category/
Type

1000.00

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: CA District: 13

Memo Item

B. **COMMITTEE TO ELECT SHOMARI FIGURES FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 40910
907 SPRING HILL AVENUE

M M M	/	D D D	/	Y Y Y Y Y
07		30		2024

City MOBILE	State AL	Zip Code 36604
----------------	-------------	-------------------

FEC Identification Number

Purpose of Disbursement

C	C00856237
---	-----------

Political Contribution

Transaction ID : SB23.4988

Candidate Name

Amount of Each Disbursement this Period

FIGURES, SHOMARI C., , ,

Category/
Type

1000.00

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: AL District: 02

Memo Item

C. **JANELLE BYNUM FOR CONGRESS**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 10121 SE SUNNYSIDE RD., #300

M M M	/	D D D	/	Y Y Y Y Y
07		30		2024

City CLACKAMAS	State OR	Zip Code 97015
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FEC Identification Number

Purpose of Disbursement

C	C00843425
---	-----------

Political Contribution

Transaction ID : SB23.4991

Candidate Name

Amount of Each Disbursement this Period

BYNUM, JANELLE, , ,

Category/
Type

1000.00

Office Sought: House
 Senate
 President

Disbursement For: 2024
 Primary General
 Other (specify) ▼

State: OR District: 05

Memo Item

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

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

3000.00

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**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)
Build the Bench PAC

Full Name (Last, First, Middle Initial) A. LAMONICA MCIVER FOR CONGRESS		Date of Disbursement MM / DD / YYYY 07 / 08 / 2024
Mailing Address PO BOX 25585		FEC Identification Number C C00878603 Transaction ID : SB23.4976 Amount of Each Disbursement this Period 1000.00
City NEWARK	State NJ	
Zip Code 07101		Memo Item <input type="checkbox"/>
Purpose of Disbursement Political Contribution		
Candidate Name MCIVER, LAMONICA, , ,		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▼ Special-Primary	
State: NJ	District: 10	

Full Name (Last, First, Middle Initial) B. MANNION FOR NEW YORK		Date of Disbursement MM / DD / YYYY 07 / 30 / 2024
Mailing Address PO BOX 11131		FEC Identification Number C C00845461 Transaction ID : SB23.4979 Amount of Each Disbursement this Period 1000.00
City SYRACUSE	State NY	
Zip Code 13218		Memo Item <input type="checkbox"/>
Purpose of Disbursement Political Contribution		
Candidate Name MANNION, JOHN W, , ,		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NY	District: 22	

Full Name (Last, First, Middle Initial) C. MONDAIRE FOR CONGRESS		Date of Disbursement MM / DD / YYYY 07 / 30 / 2024
Mailing Address PO BOX 873		FEC Identification Number C C00711150 Transaction ID : SB23.4985 Amount of Each Disbursement this Period 1000.00
City SLEEPY HOLLOW	State NY	
Zip Code 10591		Memo Item <input type="checkbox"/>
Purpose of Disbursement Political Contribution		
Candidate Name JONES, MONDAIRE, , ,		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2024 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NY	District: 17	

SUBTOTAL of Disbursements This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	6000.00