

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. (a) Name of Individual, Organization or Corporation BUILDING AMERICA'S FUTURE	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 1825 I ST NW STE 900	3. FEC Identification Number C C30003370
(c) City, State and ZIP Code WASHINGTON DC 20006	
2. Occupation and Name of Employer (for Individual Filers Only)	

4. COVERED PERIOD:	FROM	MM / DD / YYYY 04 / 03 / 2024	THROUGH	MM / DD / YYYY 04 / 03 / 2024
5. IS THIS REPORT AN AMENDMENT?	<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, it amends the report filed on MM / DD / YYYY 04 / 04 / 2024			
6. (a) DATE OF PUBLIC DISTRIBUTION(S)	MM / DD / YYYY 04 / 03 / 2024			
(b) COMMUNICATIONS TITLE	Trump Was Right			
7. THE FILER IS:	(a) <input type="checkbox"/> an Individual (b) <input checked="" type="checkbox"/> a Corporation or Labor Organization making communications under 11 CFR 114.10 (c) <input type="checkbox"/> an Unincorporated Organization (d) <input type="checkbox"/> Other, specify:			
8. WERE THE DISBURSEMENTS MADE EXCLUSIVELY FROM DONATIONS TO A SEGREGATED BANK ACCOUNT?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. CUSTODIAN OF RECORDS				
(a) Name	Hobbs, Cabell, , ,			
(b) Address (number and street)	1825 I St NW Ste 900			
(c) City, State and ZIP Code	Washington DC 20006			
(d) Name of Employer or Principal Place of Business	(e) Occupation RightSide Compliance LLC Compliance Professional			
10. TOTAL DONATIONS THIS STATEMENT00			
11. TOTAL DISBURSEMENTS/OBLIGATIONS THIS STATEMENT	39000.00			

Under penalty of perjury I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Hobbs, Cabell, , ,	Hobbs, Cabell, , ,	04/24/2024

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 52 U.S.C. § 30109.

List of Person(s) Sharing/Exercising Control
(use additional pages as necessary)

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12. Person(s) Sharing/Exercising Control

A. (a) Name Neal, Katherine, , ,	Transaction ID : F91.000001
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(b) Address (number and street) 1825 I St NW Ste 900	
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(c) City, State and ZIP Code Washington	DC 20006
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(d) Name of Employer or Principal Place of Business Building America's Future	(e) Occupation Executive Director
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B. (a) Name Peck, Generra, , ,	Transaction ID : F91.000002
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(b) Address (number and street) 1825 I St NW Ste 900	
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(c) City, State and ZIP Code Washington	DC 20006
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(d) Name of Employer or Principal Place of Business P2 Pathway Public Affairs	(e) Occupation Consultant
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C. (a) Name	
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(b) Address (number and street)	
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(c) City, State and ZIP Code	
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(d) Name of Employer or Principal Place of Business	(e) Occupation
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D. (a) Name	
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(b) Address (number and street)	
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(c) City, State and ZIP Code	
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(d) Name of Employer or Principal Place of Business	(e) Occupation
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E. (a) Name	
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(b) Address (number and street)	
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(c) City, State and ZIP Code	
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(d) Name of Employer or Principal Place of Business	(e) Occupation
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SCHEDULE 9-B
Disbursement(s) Made or Obligation(s)

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A. Full Name (Last, First, Middle Initial) of Payee IMGE LLC				Date of Disbursement or Obligation MM / DD / YYYY 04 / 03 / 2024	
Mailing Address of Payee 1401 H Street NW Ste 550				Amount 33333.33	
City Washington		State DC	Zip Code 20005		
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) TV Media Placement - "Trump Was Right"				Transaction ID : F93.000001	
Name of Federal Candidate Trump, Donald, , ,		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: PA District: _____	Disbursement/Obligation For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Transaction ID : F94.000002					
Name of Federal Candidate Biden, Joseph, , , Jr.		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: PA District: _____	Disbursement/Obligation For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Transaction ID : F94.000003					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
B. Full Name (Last, First, Middle Initial) of Payee Ascent Media LLC				Date of Disbursement or Obligation MM / DD / YYYY 04 / 03 / 2024	
Mailing Address of Payee 10065 E Harvard Ave Ste 400				Amount 5666.67	
City Denver		State CO	Zip Code 80231		
Name of Employer		Occupation			
Purpose of Disbursement (Including title(s) of communication(s)) TV Media Production - "Trump Was Right"				Transaction ID : F93.000002	
Name of Federal Candidate Trump, Donald, , ,		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: PA District: _____	Disbursement/Obligation For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Transaction ID : F94.000005					
Name of Federal Candidate Biden, Joseph, , , Jr.		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: PA District: _____	Disbursement/Obligation For: 2024 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
Transaction ID : F94.000006					
Name of Federal Candidate		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	
SUBTOTAL of Disbursements/Obligations This Page (optional)..... ▶				39000.00	
TOTAL This Period (last page this line number only) ▶ (carry total from last page to Line 11)				39000.00	