

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

BACKPAC

ADDRESS (number and street) 1751 Potomac Greens Drive

Check if different than previously reported. (ACC) Alexandria VA 22314

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

C00566562

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / 2023 through / / 2023

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

Buchanan, Katherine, , ,

Type or Print Name of Treasurer

Signature of Treasurer *Buchanan, Katherine, , ,* [Electronically Filed] Date / / 2023

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

BACKPAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2023"/>	<input type="text" value="14958.41"/>	<input type="text" value="14958.41"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="14958.41"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="5500.00"/>	<input type="text" value="5500.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="20458.41"/>	<input type="text" value="20458.41"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11588.91"/>	<input type="text" value="11588.91"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="8869.50"/>	<input type="text" value="8869.50"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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 Receipts

Write or Type Committee Name

BACKPAC

Report Covering the Period: From: 01 / 01 / 2023 To: 06 / 30 / 2023

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).....	0.00	0.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5500.00	5500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5500.00	5500.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	5500.00	5500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5500.00	5500.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	10588.91	10588.91
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	10588.91	10588.91
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11588.91	11588.91
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11588.91	11588.91

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	5500.00	5500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5500.00	5500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	10588.91	10588.91
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	10588.91	10588.91

**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 11
<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

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)
BACKPAC

A. NATIONAL ASSOCIATION OF REALTORS POLITICAL ACTION COMMITTEE

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

Mailing Address 430 N Michigan Ave

City Chicago	State IL	Zip Code 60611-4011
-----------------	-------------	------------------------

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
03		24		2023

Transaction ID : VNJ1ETZJC49

Amount of Each Receipt this Period
5000.00

Memo Item

B. WINNING STRATEGIES WASHINGTON PAC

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

Mailing Address 409 7Th St NW
Ste 450

City Washington	State DC	Zip Code 20004-2314
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00368993

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

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
06		29		2023

Transaction ID : VNJ1EV3V8X9

Amount of Each Receipt this Period
500.00

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 M	/	D D D	/	Y Y Y Y Y Y
-------	---	-------	---	-------------

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	5500.00
TOTAL This Period (last page this line number only).....▶	5500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BACKPAC

Full Name (Last, First, Middle Initial) A. American Express			Date of Disbursement MM / DD / YYYY 01 / 23 / 2023	
Mailing Address PO Box 1270			FEC Identification Number C [REDACTED]	
City Newark	State NJ	Zip Code 07101-1270	Transaction ID : VNH26AJA1C	
Purpose of Disbursement Credit Card Payment			Amount of Each Disbursement this Period [REDACTED] 7404.12	
Candidate Name			Memo Item <input type="checkbox"/>	
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. Salamander Resort			Date of Disbursement MM / DD / YYYY 01 / 23 / 2023	
Mailing Address 500 N Pendleton St			FEC Identification Number C [REDACTED]	
City Middleburg	State VA	Zip Code 20117-2683	Transaction ID : VNH26AJA1H	
Purpose of Disbursement Catering/Events			Amount of Each Disbursement this Period [REDACTED] 7327.50	
Candidate Name			Memo Item <input checked="" type="checkbox"/>	
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. American Express			Date of Disbursement MM / DD / YYYY 06 / 23 / 2023	
Mailing Address PO Box 1270			FEC Identification Number C [REDACTED]	
City Newark	State NJ	Zip Code 07101-1270	Transaction ID : VNH26AJG6;	
Purpose of Disbursement Credit Card Payment			Amount of Each Disbursement this Period [REDACTED] 77.67	
Candidate Name			Memo Item <input type="checkbox"/>	
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).....▶	[REDACTED] 7481.79
TOTAL This Period (last page this line number only).....▶	[REDACTED]

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BACKPAC

A. American Express

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement
Credit Card Payment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 27 / 2023

FEC Identification Number: C

Transaction ID : **VNH26AJDJZ**

Amount of Each Disbursement this Period: 77.67

Memo Item

B. American Express

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement
Credit Card Payment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 21 / 2023

FEC Identification Number: C

Transaction ID : **VNH26AJCEE**

Amount of Each Disbursement this Period: 924.12

Memo Item

C. NGP VAN, Inc.

Full Name (Last, First, Middle Initial)
Mailing Address 1101 15Th St NW Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Database Support

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 02 / 21 / 2023

FEC Identification Number: C

Transaction ID : **VNH26AJCEI**

Amount of Each Disbursement this Period: 847.50

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1001.79

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)
BACKPAC

A. American Express

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement Credit Card Payment

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 28 / 2023

FEC Identification Number: C

Transaction ID : **VNH26AJEYC**

Amount of Each Disbursement this Period: 925.17

Memo Item

B. NGP VAN, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 1101 15Th St NW Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement Database Support

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 04 / 28 / 2023

FEC Identification Number: C

Transaction ID : **VNH26AJEYC**

Amount of Each Disbursement this Period: 847.50

Memo Item

C. American Express

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement Credit Card Payment

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 05 / 25 / 2023

FEC Identification Number: C

Transaction ID : **VNH26AJFM**

Amount of Each Disbursement this Period: 1150.17

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2075.34

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)
BACKPAC

Full Name (Last, First, Middle Initial) A. NGP VAN, Inc.			Date of Disbursement MM / DD / YYYY 05 / 25 / 2023		
Mailing Address 1101 15Th St NW Ste 500			FEC Identification Number C [] Transaction ID : VNH26AJFM Amount of Each Disbursement this Period [] 847.50		
City Washington	State DC	Zip Code 20005-5006	Category/Type []		
Purpose of Disbursement Database Support			Memo Item <input checked="" type="checkbox"/>		
Candidate Name			Amount of Each Disbursement this Period [] *		
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. American Express			Date of Disbursement MM / DD / YYYY 05 / 25 / 2023		
Mailing Address PO Box 1270			FEC Identification Number C [] Transaction ID : VNH26AJFM Amount of Each Disbursement this Period [] 225.00		
City Newark	State NJ	Zip Code 07101-1270	Category/Type []		
Purpose of Disbursement Bank Fee			Memo Item <input checked="" type="checkbox"/>		
Candidate Name			Amount of Each Disbursement this Period [] *		
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.			Date of Disbursement MM / DD / YYYY [] / [] / []		
Mailing Address			FEC Identification Number C [] Amount of Each Disbursement this Period []		
City	State	Zip Code	Category/Type []		
Purpose of Disbursement			Memo Item <input type="checkbox"/>		
Candidate Name			Amount of Each Disbursement this Period []		
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 type="checkbox"/>		
State: District:					

SUBTOTAL of Disbursements This Page (optional).....▶	[] 0.00
TOTAL This Period (last page this line number only).....▶	[] 10558.92

**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)
BACKPAC

A. KILDEE FOR CONGRESS COMMITTEE

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 13033

M M M	/	D D D	/	Y Y Y Y Y
03		27		2023

City
Flint

State
MI

Zip Code
48501-3033

FEC Identification Number

Purpose of Disbursement
CONTRIBUTION

C C00078105

Candidate Name
KILDEE, DALE, , ,

Category/
Type

Transaction ID : VNH26AJDJY

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: MI District: 05

Disbursement For: 2024
 Primary General
 Other (specify) ▼

1000.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y

City

State

Zip Code

FEC Identification Number

Purpose of Disbursement

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify)

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

M M M	/	D D D	/	Y Y Y Y Y

City

State

Zip Code

FEC Identification Number

Purpose of Disbursement

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Memo Item

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

1000.00

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

1000.00