

# 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.

BACKPAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

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

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  /  /  through  /  /

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, M, ,

Type or Print Name of Treasurer

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

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="2019"/>	<input type="text" value="35621.49"/>	<input type="text" value="35621.49"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="35621.49"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="5600.00"/>	<input type="text" value="5600.00"/>
(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="41221.49"/>	<input type="text" value="41221.49"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8802.32"/>	<input type="text" value="8802.32"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="32419.17"/>	<input type="text" value="32419.17"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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:  /  /  To:  /  /

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).....	600.00	600.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	600.00	600.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5600.00	5600.00
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)).....▶	5600.00	5600.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	5600.00	5600.00

**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 .....	3802.32	3802.32
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3802.32	3802.32
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
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)) ..	8802.32	8802.32
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8802.32	8802.32

**DETAILED SUMMARY PAGE**  
of Disbursements

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5600.00	5600.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5600.00	5600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	3802.32	3802.32
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3802.32	3802.32

**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 18
<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)  
**BACKPAC**

**A. Miller, Harris, Nathan, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1309 Summerwood Ct

City McLean	State VA	Zip Code 22102-2217
----------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
100.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		13		2019

**Transaction ID : VNJ1EKNY255**

Amount of Each Receipt this Period  
100.00

Memo Item

\* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge	State MA	Zip Code 02238-2110
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
01		13		2019

**Transaction ID : VNJ1EKNY255E**

Amount of Each Receipt this Period  
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

**C. Miller, Harris, Nathan, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1309 Summerwood Ct

City McLean	State VA	Zip Code 22102-2217
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
200.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
02		17		2019

**Transaction ID : VNJ1EKQF8Y1**

Amount of Each Receipt this Period  
100.00

Memo Item

\* Earmarked Contribution: See Below

<b>SUBTOTAL</b> of Receipts This Page (optional).....	200.00
<b>TOTAL</b> 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 7 OF 18
	<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)  
**BACKPAC**

**A. ACTBLUE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO Box 382110

City Cambridge	State MA	Zip Code 02238-2110
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) \_\_\_\_\_ Occupation (for Individual) \_\_\_\_\_  
Conduit total listed in Agg. field

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
02 / 17 / 2019

**Transaction ID : VNJ1EKQF8Y1E**

Amount of Each Receipt this Period  
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

**B. Miller, Harris, Nathan, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1309 Summerwood Ct

City McLean	State VA	Zip Code 22102-2217
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2019

**Transaction ID : VNJ1EKRND53**

Amount of Each Receipt this Period  
100.00

Memo Item

\* Earmarked Contribution: See Below

**C. ACTBLUE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO Box 382110

City Cambridge	State MA	Zip Code 02238-2110
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) \_\_\_\_\_ Occupation (for Individual) \_\_\_\_\_  
Conduit total listed in Agg. field

Receipt For:  
 Primary     General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
03 / 17 / 2019

**Transaction ID : VNJ1EKRND53E**

Amount of Each Receipt this Period  
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> 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 18  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**BACKPAC**

**A. Miller, Harris, Nathan, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1309 Summerwood Ct  
 City McLean State VA Zip Code 22102-2217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 14 / 2019  
**Transaction ID : VNJ1EKSyDB5**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 \* Earmarked Contribution: See Below

**B. ACTBLUE**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address PO Box 382110  
 City Cambridge State MA Zip Code 02238-2110  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Conduit total listed in Agg. field  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 04 / 14 / 2019  
**Transaction ID : VNJ1EKSyDB5E**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 Note: Above Contribution earmarked through this organization.

**C. Miller, Harris, Nathan, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1309 Summerwood Ct  
 City McLean State VA Zip Code 22102-2217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) N/A Occupation (for Individual) Not Employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 05 / 12 / 2019  
**Transaction ID : VNJ1EKV4T94**  
 Amount of Each Receipt this Period 100.00  
 Memo Item  
 \* Earmarked Contribution: See Below

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 200.00  
**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 9 OF 18
<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)  
**BACKPAC**

**A. ACTBLUE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO Box 382110

City Cambridge	State MA	Zip Code 02238-2110
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
05 / 12 / 2019

**Transaction ID : VNJ1EKV4T94E**

Amount of Each Receipt this Period  
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

**B. Miller, Harris, Nathan, ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1309 Summerwood Ct

City McLean	State VA	Zip Code 22102-2217
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
N/A Not Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2019

**Transaction ID : VNJ1EKXB981**

Amount of Each Receipt this Period  
100.00

Memo Item

\* Earmarked Contribution: See Below

**C. ACTBLUE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO Box 382110

City Cambridge	State MA	Zip Code 02238-2110
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)  
Conduit total listed in Agg. field

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
06 / 16 / 2019

**Transaction ID : VNJ1EKXB981E**

Amount of Each Receipt this Period  
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	600.00

**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 10 OF 18
<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)  
**BACKPAC**

**A. NEW DEMOCRAT COALITION PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 700 13th St NW  
Ste 600

City Washington State DC Zip Code 20005-5998

FEC ID number of contributing federal political committee. **C** C00409730

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 / D D / Y Y Y Y Y Y  
03 / 18 / 2019

**Transaction ID : VNJ1EKR9P0**

Amount of Each Receipt this Period  
5000.00

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 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 Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

**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) <b>A. American Express</b>			Date of Disbursement MM / DD / YYYY 01 / 26 / 2019	
Mailing Address PO Box 1270			FEC Identification Number C [ ] <b>Transaction ID : VNH26ADHT!</b> Amount of Each Disbursement this Period [ ] 851.00	
City Newark	State NJ	Zip Code 07101-1270	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit Card Payment		Category/ Type [ ]	Memo Item <input type="checkbox"/>	
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) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. NGP VAN, Inc.</b>			Date of Disbursement MM / DD / YYYY 01 / 26 / 2019	
Mailing Address 1101 15th St NW Ste 500			FEC Identification Number C [ ] <b>Transaction ID : VNH26ADHT!</b> Amount of Each Disbursement this Period [ ] 825.00	
City Washington	State DC	Zip Code 20005-5006	Memo Item <input checked="" type="checkbox"/>	
Purpose of Disbursement Database Support		Category/ Type [ ]	Memo Item <input checked="" type="checkbox"/>	
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) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. American Express</b>			Date of Disbursement MM / DD / YYYY 02 / 20 / 2019	
Mailing Address PO Box 1270			FEC Identification Number C [ ] <b>Transaction ID : VNH26ADP3!</b> Amount of Each Disbursement this Period [ ] 471.00	
City Newark	State NJ	Zip Code 07101-1270	Memo Item <input type="checkbox"/>	
Purpose of Disbursement Credit Card Payment		Category/ Type [ ]	Memo Item <input type="checkbox"/>	
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) ▼			
State: District:				

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

1322.00

**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)  
**BACKPAC**

Full Name (Last, First, Middle Initial) <b>A. NGP VAN, Inc.</b>			Date of Disbursement MM / DD / YYYY 02 / 20 / 2019		
Mailing Address 1101 15th St NW Ste 500			FEC Identification Number C [REDACTED] <b>Transaction ID : VNH26ADP31</b>		
City Washington	State DC	Zip Code 20005-5006	Amount of Each Disbursement this Period [REDACTED] 445.00		
Purpose of Disbursement Database Support		Category/ Type [REDACTED]	Memo Item <input checked="" type="checkbox"/>		
Candidate Name			* [REDACTED]		
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: [REDACTED]		

Full Name (Last, First, Middle Initial) <b>B. American Express</b>			Date of Disbursement MM / DD / YYYY 03 / 21 / 2019		
Mailing Address PO Box 1270			FEC Identification Number C [REDACTED] <b>Transaction ID : VNH26ADXT#</b>		
City Newark	State NJ	Zip Code 07101-1270	Amount of Each Disbursement this Period [REDACTED] 476.00		
Purpose of Disbursement Credit Card Payment		Category/ Type [REDACTED]	Memo Item <input type="checkbox"/>		
Candidate Name			* [REDACTED]		
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: [REDACTED]		

Full Name (Last, First, Middle Initial) <b>C. NGP VAN, Inc.</b>			Date of Disbursement MM / DD / YYYY 03 / 21 / 2019		
Mailing Address 1101 15th St NW Ste 500			FEC Identification Number C [REDACTED] <b>Transaction ID : VNH26ADXT#</b>		
City Washington	State DC	Zip Code 20005-5006	Amount of Each Disbursement this Period [REDACTED] 450.00		
Purpose of Disbursement Database Support		Category/ Type [REDACTED]	Memo Item <input checked="" type="checkbox"/>		
Candidate Name			* [REDACTED]		
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: [REDACTED]		

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

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

[REDACTED] 476.00
[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**

Full Name (Last, First, Middle Initial) <b>A. American Express</b>			Date of Disbursement MM / DD / YYYY 04 / 22 / 2019	
Mailing Address PO Box 1270				
City Newark	State NJ	Zip Code 07101-1270		
Purpose of Disbursement Credit Card Payment			FEC Identification Number C	
Candidate Name			Transaction ID : <b>VNH26AE06A</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Amount of Each Disbursement this Period 26.00	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
			<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. American Express</b>			Date of Disbursement MM / DD / YYYY 05 / 22 / 2019	
Mailing Address PO Box 1270				
City Newark	State NJ	Zip Code 07101-1270		
Purpose of Disbursement Credit Card Payment			FEC Identification Number C	
Candidate Name			Transaction ID : <b>VNH26AE2HC</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Amount of Each Disbursement this Period 485.22	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
			<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. American Express</b>			Date of Disbursement MM / DD / YYYY 05 / 22 / 2019	
Mailing Address PO Box 1270				
City Newark	State NJ	Zip Code 07101-1270		
Purpose of Disbursement Credit Card Fee			FEC Identification Number C	
Candidate Name			Transaction ID : <b>VNH26AE2HI</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			Amount of Each Disbursement this Period 225.00	
State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
			<input checked="" type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	511.22
<b>TOTAL</b> 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) <b>A. Intuit</b>		Date of Disbursement MM / DD / YYYY 05 / 22 / 2019
Mailing Address PO Box 513340		FEC Identification Number C [REDACTED]
City Los Angeles	State CA	Zip Code 90051-3340
Purpose of Disbursement Office Supplies		Transaction ID : <b>VNH26AE2H1</b>
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 234.22
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>B. American Express</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2019
Mailing Address PO Box 1270		FEC Identification Number C [REDACTED]
City Newark	State NJ	Zip Code 07101-1270
Purpose of Disbursement Credit Card Payment		Transaction ID : <b>VNH26AE5XN</b>
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 326.00
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 type="checkbox"/> Memo Item
State: _____	District: _____	

Full Name (Last, First, Middle Initial) <b>C. NGP VAN, Inc.</b>		Date of Disbursement MM / DD / YYYY 06 / 23 / 2019
Mailing Address 1101 15th St NW Ste 500		FEC Identification Number C [REDACTED]
City Washington	State DC	Zip Code 20005-5006
Purpose of Disbursement Database Support		Transaction ID : <b>VNH26AE5XI</b>
Candidate Name		Amount of Each Disbursement this Period [REDACTED] 300.00
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: _____	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 326.00
<b>TOTAL</b> 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**

Full Name (Last, First, Middle Initial) <b>A. Choate, Catherine, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2019	
Mailing Address 2009 N Vermont St		FEC Identification Number C [REDACTED] <b>Transaction ID : VNH26AE0Q1</b> Amount of Each Disbursement this Period [REDACTED] 247.50	
City Arlington	State VA	Zip Code 22207-2336	Category/ Type [REDACTED]
Purpose of Disbursement Catering/Events		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 type="checkbox"/> Memo Item
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>B. Choate, Catherine, , ,</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2019	
Mailing Address 2009 N Vermont St		FEC Identification Number C [REDACTED] <b>Transaction ID : VNH26AE3GF</b> Amount of Each Disbursement this Period [REDACTED] 357.50	
City Arlington	State VA	Zip Code 22207-2336	Category/ Type [REDACTED]
Purpose of Disbursement Catering/Events		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 type="checkbox"/> Memo Item
State: _____	District: _____		

Full Name (Last, First, Middle Initial) <b>C. United Bank</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2019	
Mailing Address 14048 Parkeast Cir Ste 100		FEC Identification Number C [REDACTED] <b>Transaction ID : VNH26ADMV</b> Amount of Each Disbursement this Period [REDACTED] 50.00	
City Fairfax	State VA	Zip Code 20151-4218	Category/ Type [REDACTED]
Purpose of Disbursement Bank Service Charge		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 type="checkbox"/> Memo Item
State: _____	District: _____		

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

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

[REDACTED] 655.00
[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**

Full Name (Last, First, Middle Initial) <b>A. United Bank</b>		Date of Disbursement MM / DD / YYYY 02 / 19 / 2019
Mailing Address 14048 Parkeast Cir Ste 100		FEC Identification Number C [REDACTED] <b>Transaction ID : VNH26ADQ5/</b> Amount of Each Disbursement this Period 50.00
City Fairfax	State VA	Zip Code 20151-4218
Purpose of Disbursement Bank Service Charge		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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. United Bank</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2019
Mailing Address 14048 Parkeast Cir Ste 100		FEC Identification Number C [REDACTED] <b>Transaction ID : VNH26ADZ2Y</b> Amount of Each Disbursement this Period 50.00
City Fairfax	State VA	Zip Code 20151-4218
Purpose of Disbursement Bank Service Charge		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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. United Bank</b>		Date of Disbursement MM / DD / YYYY 04 / 16 / 2019
Mailing Address 14048 Parkeast Cir Ste 100		FEC Identification Number C [REDACTED] <b>Transaction ID : VNH26AE145</b> Amount of Each Disbursement this Period 50.00
City Fairfax	State VA	Zip Code 20151-4218
Purpose of Disbursement Bank Service Charge		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) ▼	
State: District:	<input type="checkbox"/> Memo Item	

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

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

150.00
[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**

Full Name (Last, First, Middle Initial) <b>A. United Bank</b>		Date of Disbursement MM / DD / YYYY 05 / 14 / 2019
Mailing Address 14048 Parkeast Cir Ste 100		FEC Identification Number C [ ] <b>Transaction ID : VNH26AE3VZ</b>
City Fairfax	State VA	Zip Code 20151-4218
Purpose of Disbursement Bank Service Charge		Amount of Each Disbursement this Period [ ] 50.00
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. United Bank</b>		Date of Disbursement MM / DD / YYYY 06 / 14 / 2019
Mailing Address 14048 Parkeast Cir Ste 100		FEC Identification Number C [ ] <b>Transaction ID : VNH26AE7KN</b>
City Fairfax	State VA	Zip Code 20151-4218
Purpose of Disbursement Bank Service Charge		Amount of Each Disbursement this Period [ ] 50.00
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		FEC Identification Number C [ ]
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period [ ]
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 3540.22

**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. EMILY'S LIST**

Full Name (Last, First, Middle Initial)

Mailing Address 1800 M St NW  
Ste 375N

City Washington State DC Zip Code 20036-5862

Purpose of Disbursement Contribution

Candidate Name **EMILY'S LIST**

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 03 / 20 / 2019

FEC Identification Number: **C** C00193433  
**Transaction ID : VNH26ADS2**

Amount of Each Disbursement this Period: 5000.00

Memo Item

**B.**

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

**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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00