

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)

Page 2

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="2020"/>		79420.90
(b) Cash on Hand at Beginning of Reporting Period.....	91925.80	
(c) Total Receipts (from Line 19)	15465.00	31015.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	107390.80	110435.90
7. Total Disbursements (from Line 31).....	44765.15	47810.25
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	62625.65	62625.65
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:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

BACKPAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 04 / 01 / 2020 To: M M / D D / Y Y Y Y Y 06 / 30 / 2020

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).....	9900.00	20450.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	9900.00	20450.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	14900.00	30450.00
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).....	565.00	565.00
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)).....▶	15465.00	31015.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	15465.00	31015.00

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	3765.15	4310.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3765.15	4310.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	41000.00	43500.00
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)) ..	44765.15	47810.25
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44765.15	47810.25

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)	14900.00	30450.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14900.00	30450.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3765.15	4310.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	565.00	565.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3200.15	3745.25

**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 20
<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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Fried, Barbara, J, ,			Date of Receipt MM / DD / YYYY 06 / 23 / 2020 Transaction ID : VNJ1ENB4PB4		
Mailing Address 5924 Fried Farm Rd			Amount of Each Receipt this Period 2500.00		
City Crozet	State VA	Zip Code 22932-1605	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 2500.00		
Name of Employer (for Individual) Fried Companies, Inc.		Occupation (for Individual) Business Leader	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Logan, George, Willis, ,			Date of Receipt MM / DD / YYYY 04 / 20 / 2020 Transaction ID : VNJ1EMSH4A4		
Mailing Address 313 23rd St SW			Amount of Each Receipt this Period 5000.00		
City Roanoke	State VA	Zip Code 24014-1741	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 5000.00		
Name of Employer (for Individual) N/A		Occupation (for Individual) Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Miller, Harris, Nathan, ,			Date of Receipt MM / DD / YYYY 04 / 12 / 2020 Transaction ID : VNJ1EMS5VY5		
Mailing Address 1309 Summerwood Ct			Amount of Each Receipt this Period 100.00		
City McLean	State VA	Zip Code 22102-2217	<input type="checkbox"/> Memo Item		
FEC ID number of contributing federal political committee. C			Aggregate Year-to-Date ▼ 400.00		
Name of Employer (for Individual) N/A		Occupation (for Individual) Not Employed	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

* Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....	7600.00
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 7 OF 20
<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
-------------------	-------------	------------------------

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 ▼
2400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
04 / 12 / 2020
Transaction ID : VNJ1EMS5VY5E

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 ▼
500.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 17 / 2020
Transaction ID : VNJ1EMYVQA3

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 ▼
2400.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 17 / 2020
Transaction ID : VNJ1EMYVQA3E

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....	100.00
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 8 OF 20
<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. 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 ▼ 600.00

Date of Receipt 06 / 14 / 2020
Transaction ID : VNJ1EN3WQW2
 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) Occupation (for Individual) Conduit total listed in Agg. field
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2400.00

Date of Receipt 06 / 14 / 2020
Transaction ID : VNJ1EN3WQW2E
 Amount of Each Receipt this Period 100.00
 Memo Item
 Note: Above Contribution earmarked through this organization.

C. Nostrand, Peter, F., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 11719 River Dr
 City Lorton State VA Zip Code 22079-4104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) SunTrust Occupation (for Individual) Chairman Emeritus
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 2100.00

Date of Receipt 05 / 05 / 2020
Transaction ID : VNJ1EMX5296
 Amount of Each Receipt this Period 2100.00
 Memo Item
 * Earmarked Contribution: See Below

SUBTOTAL of Receipts This Page (optional).....	2200.00
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 20
(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)
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 ▼
2400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2020

Transaction ID : VNJ1EMX5296E

Amount of Each Receipt this Period
2100.00

Memo Item

Note: Above Contribution earmarked through this organization.

B.

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

Mailing Address

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

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

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
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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 ▼

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	9900.00

**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 20
<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. 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
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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	/	D D	/	Y Y Y Y
05	/	22	/	2020

Transaction ID : VNJ1EN13678

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
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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 ▼

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).....	5000.00
TOTAL This Period (last page this line number only).....	5000.00

**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 11 OF 20
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BACKPAC

A. WIN THE ERA PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Mailing Address PO Box 1226

City South Bend	State IN	Zip Code 46624-1226
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FEC ID number of contributing federal political committee. **C** C00697441

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
565.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		13		2020

Transaction ID : VNJ1EMS5VT3

Amount of Each Receipt this Period
565.00

Memo Item

Airfare Reimbursement, America Airlines 12/04/2019

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).....	565.00
TOTAL This Period (last page this line number only).....	565.00

**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. ACTBLUE

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
04 / 12 / 2020

FEC Identification Number

C
Transaction ID : **VNH26AF770**
Amount of Each Disbursement this Period
3.95

Memo Item

Full Name (Last, First, Middle Initial)

B. ACTBLUE

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 10 / 2020

FEC Identification Number

C
Transaction ID : **VNH26AF91C**
Amount of Each Disbursement this Period
82.95

Memo Item

Full Name (Last, First, Middle Initial)

C. ACTBLUE

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement
Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2020

FEC Identification Number

C
Transaction ID : **VNH26AF9K1**
Amount of Each Disbursement this Period
3.95

Memo Item

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

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

90.85

**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. Salamander Resort		Date of Disbursement MM / DD / YYYY 04 / 20 / 2020
Mailing Address 500 N Pendleton St		FEC Identification Number C Transaction ID : VNH26AF7SF Amount of Each Disbursement this Period 2648.00
City Middleburg	State VA	
Zip Code 20117-2683		Category/ Type
Purpose of Disbursement Catering/Events		
Candidate Name		* <input checked="" type="checkbox"/> Memo Item
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. American Express		Date of Disbursement MM / DD / YYYY 05 / 21 / 2020
Mailing Address PO Box 1270		FEC Identification Number C Transaction ID : VNH26AFA32 Amount of Each Disbursement this Period 251.00
City Newark	State NJ	
Zip Code 07101-1270		Category/ Type
Purpose of Disbursement Credit Card Payment		
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) C. NGP VAN, Inc.		Date of Disbursement MM / DD / YYYY 05 / 21 / 2020
Mailing Address 1101 15th St NW Ste 500		FEC Identification Number C Transaction ID : VNH26AFA3: Amount of Each Disbursement this Period 225.00
City Washington	State DC	
Zip Code 20005-5006		Category/ Type
Purpose of Disbursement Database Support		
Candidate Name		* <input checked="" type="checkbox"/> Memo Item
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).....▶	251.00
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) A. American Express			Date of Disbursement MM / DD / YYYY 06 / 22 / 2020	
Mailing Address PO Box 1270			FEC Identification Number C [REDACTED]	
City Newark	State NJ	Zip Code 07101-1270	Transaction ID : VNH26AFBT2	
Purpose of Disbursement Credit Card Payment			Amount of Each Disbursement this Period [REDACTED] 326.00	
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:				

Full Name (Last, First, Middle Initial) B. NGP VAN, Inc.			Date of Disbursement MM / DD / YYYY 06 / 22 / 2020	
Mailing Address 1101 15th St NW Ste 500			FEC Identification Number C [REDACTED]	
City Washington	State DC	Zip Code 20005-5006	Transaction ID : VNH26AFBT3	
Purpose of Disbursement Database Support			Amount of Each Disbursement this Period [REDACTED] 300.00	
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 / 30 / 2020	
Mailing Address PO Box 1270			FEC Identification Number C [REDACTED]	
City Newark	State NJ	Zip Code 07101-1270	Transaction ID : VNH26AFDR	
Purpose of Disbursement Credit Card Payment			Amount of Each Disbursement this Period [REDACTED] 53.74	
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)..... ▶

379.74

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

3699.54

**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

Full Name (Last, First, Middle Initial)
A. ANDY KIM FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2020

Mailing Address PO Box 211

FEC Identification Number

C	C00648220
Transaction ID : VNH26AFA36	
Amount of Each Disbursement this Period	
	2500.00

City Marlton State NJ Zip Code 08053-0211

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name

KIM, ANDY, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: NJ District: 03

Memo Item

Full Name (Last, First, Middle Initial)
B. DEBBIE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2020

Mailing Address PO Box 566442

FEC Identification Number

C	C00652065
Transaction ID : VNH26AFA37	
Amount of Each Disbursement this Period	
	2500.00

City Miami State FL Zip Code 33256-6442

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name

MUCARSEL-POWELL, DEBBIE, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify)

State: FL District: 26

Memo Item

Full Name (Last, First, Middle Initial)
C. DR KIM SCHRIER FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		21		2020

Mailing Address 3020 Issaquah Pine Lake Rd SE
331

FEC Identification Number

C	C00652628
Transaction ID : VNH26AFA3,	
Amount of Each Disbursement this Period	
	2500.00

City Sammamish State WA Zip Code 98075-7253

Purpose of Disbursement
Contribution

Category/ Type

Candidate Name

SCHRIER, KIM DR., , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: WA District: 08

Memo Item

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

7500.00

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

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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)
BACKPAC

A. DR. CAMERON WEBB FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 679

M M M	/	D D D	/	Y Y Y Y Y
06		30		2020

City Charlottesville State VA Zip Code 22902-0679

FEC Identification Number

Purpose of Disbursement Contribution

C	C00714964
---	-----------

Candidate Name **WEBB, BRYANT CAMERON, , ,**

Category/Type

Transaction ID : **VNH26AFDRI**
Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: VA District: 05

5000.00

Memo Item

B. ELAINE FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO Box 66191

M M M	/	D D D	/	Y Y Y Y Y
05		21		2020

City Virginia Beach State VA Zip Code 23466-6191

FEC Identification Number

Purpose of Disbursement Contribution

C	C00664375
---	-----------

Candidate Name **LURIA, ELAINE, , ,**

Category/Type

Transaction ID : **VNH26AFA38**
Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: VA District: 02

5000.00

Memo Item

C. ELIZABETH PANNILL FLETCHER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 3262 Westheimer Rd # 636

M M M	/	D D D	/	Y Y Y Y Y
05		21		2020

City Houston State TX Zip Code 77098-1002

FEC Identification Number

Purpose of Disbursement Contribution

C	C00640045
---	-----------

Candidate Name **FLETCHER, ELIZABETH, , ,**

Category/Type

Transaction ID : **VNH26AFA31**
Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼
State: TX District: 07

2500.00

Memo Item

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

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

12500.00

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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)
BACKPAC

A. FINKENAUER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 598

City Dubuque State IA Zip Code 52004-0598

Purpose of Disbursement Contribution

Candidate Name
FINKENAUER, ABBY, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: IA District: 01

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2020

FEC Identification Number

C C00637074
Transaction ID : VNH26AFBT
Amount of Each Disbursement this Period
2500.00

Memo Item

B. HARLEY ROUDA FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 120 Newport Center Dr # 28

City Newport Beach State CA Zip Code 92660-6916

Purpose of Disbursement Contribution

Candidate Name
ROUDA, HARLEY E JR, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify)

State: CA District: 48

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2020

FEC Identification Number

C C00633982
Transaction ID : VNH26AFA39
Amount of Each Disbursement this Period
2500.00

Memo Item

C. KENDRA HORN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 54375

City Oklahoma City State OK Zip Code 73154-1375

Purpose of Disbursement Contribution

Candidate Name
HORN, KENDRA, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: OK District: 05

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2020

FEC Identification Number

C C00648915
Transaction ID : VNH26AFDR
Amount of Each Disbursement this Period
2000.00

Memo Item

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

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

7000.00

**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 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. KULKARNI FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 2612 Cypress Springs Dr

City Pearlland State TX Zip Code 77584-6726

Purpose of Disbursement Contribution

Candidate Name
KULKARNI, SRI PRESTON, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: TX District: 22

Date of Disbursement

MM / DD / YYYY
04 / 20 / 2020

FEC Identification Number

C C00662874
Transaction ID : VNH26AF7SV
Amount of Each Disbursement this Period
2000.00

Memo Item

B. NEVADANS FOR STEVEN HORSFORD

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 336664

City North Las Vegas State NV Zip Code 89033-6664

Purpose of Disbursement Contribution

Candidate Name
HORSFORD, STEVEN ALEXZANDER, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify)

State: NV District: 04

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2020

FEC Identification Number

C C00668228
Transaction ID : VNH26AFA3C
Amount of Each Disbursement this Period
2500.00

Memo Item

C. SPANBERGER FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 3121

City Glen Allen State VA Zip Code 23058-3121

Purpose of Disbursement Contribution

Candidate Name
SPANBERGER, ABIGAIL, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: VA District: 07

Date of Disbursement

MM / DD / YYYY
05 / 21 / 2020

FEC Identification Number

C C00649913
Transaction ID : VNH26AFA3!
Amount of Each Disbursement this Period
5000.00

Memo Item

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

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

9500.00

**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 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. SRI FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 898

City Sugar Land State TX Zip Code 77487-0898

Purpose of Disbursement Contribution

Candidate Name **KULKARNI, SRI PRESTON, , ,**

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: TX District: 22

Date of Disbursement: 06 / 30 / 2020

FEC Identification Number: **C** C00662874
Transaction ID : **VNH26AFDR**
Amount of Each Disbursement this Period: 2000.00

Memo Item

B. XOCHITL FOR NEW MEXICO

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 2250

City Las Cruces State NM Zip Code 88004-2250

Purpose of Disbursement Contribution

Candidate Name **TORRES SMALL, XOCHITL, , ,**

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: NM District: 02

Date of Disbursement: 05 / 21 / 2020

FEC Identification Number: **C** C00666149
Transaction ID : **VNH26AFA3D**
Amount of Each Disbursement this Period: 2500.00

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
Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: / /

FEC Identification Number: **C**

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	4500.00
TOTAL This Period (last page this line number only).....▶	41000.00