

FEC FORM 5

RECEIVED

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <i>Travis Sowell</i>		13 OCT 18 PM 12:57
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported <i>1139 Cambrian Park Ct</i>		
(c) City, State and ZIP Code <i>Sugar Land Texas 77479</i>		3. FEC Identification Number <i>C</i>
2. Corporate filers only Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Individual filers only Name of Employer <i>Landmark</i>	Occupation <i>Software tester</i>	

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
 July 15 Quarterly Report
 October 15 Quarterly Report
 January 31 Year-End Report
- 24-Hour Report
 48-Hour Report

b) Is this Report an amendment? Yes No

5. COVERING PERIOD: FROM

07 / *15* / *2013*
THROUGH
10 / *15* / *2013*

6. TOTAL CONTRIBUTIONS *0.00*

7. TOTAL INDEPENDENT EXPENDITURES *5,195.00*

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
<i>Travis Sowell</i>	<i>Travis Sowell</i>	<i>10/18/2013</i>

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

13020464342

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE OF
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)
Travis Jewell

Full Name (Last, First, Middle Initial) of Payee Cafe Press		Date 08 / 24 / 2013
Mailing Address 6901 A. Riverport Drive		Amount 1,265.00
City Louisville	State Kentucky	
Purpose of Expenditure bumper magnets		Category/Type 004
Name of Federal Candidate Supported or Opposed by Expenditure: Dwayne Stovall		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: Texas District: _____
Calendar Year-To-Date Per Election for Office Sought 1,265.00		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Fresh Prints Houston		Date 09 / 01 / 2013
Mailing Address 4026 Trey Dr. #		Amount 393.00
City Houston	State Texas	
Purpose of Expenditure T-shirts		Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure: Dwayne Stovall		Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: Texas District: _____
Calendar Year-To-Date Per Election for Office Sought 519.50		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		
City	State	Zip Code
Purpose of Expenditure		Category/Type
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	519.50
(b) SUBTOTAL of Unitemized Independent Expenditures.....	0.00
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	519.50

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1139 Cambrian Park Ct
Sugar Land, TX 77479

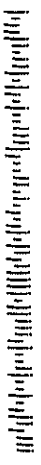
NORTH HOUSTON TX 773
08 OCT 2013 PM 9 L



POST OFFICE
AT LARGE
GENERAL
DELIVERY
P.O. BOX 7578
Public Records

Washington D.C. 20013-7578

20013857878



13020464344

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
HARY SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate
OFFICE OF THE SECRETARY
OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____
Date of Receipt

USPS FIRST CLASS MAIL _____
Postmark 10/8/13

USPS REGISTERED/CERTIFIED _____
Postmark

USPS PRIORITY MAIL _____
Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____
Postmark

OVERNIGHT DELIVERY SERVICE:

	SHIPPING DATE	
FEDERAL EXPRESS	_____	<input type="checkbox"/>
UPS	_____	<input type="checkbox"/>
DHL	_____	<input type="checkbox"/>
AIRBORNE EXPRESS	_____	<input type="checkbox"/>

NEXT BUSINESS DAY DELIVERY

RECEIVED FROM FEDERAL ELECTION COMMISSION _____
Date of Receipt

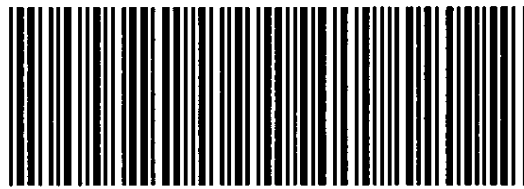
POSTMARK ILLEGIBLE NO POSTMARK

FAX _____
Date of Receipt

OTHER _____
Date of Receipt or Postmark

PREPARER DH DATE PREPARED 10-18-13

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