

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

M-PACK Super PAC

Report Covering the Period:

From:

MM ' DD ' YYYY
02 ' 01 ' 2014

To:

MM ' DD ' YYYY
04 ' 15 ' 2014

14031230547

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2014		240000
(b) Cash on Hand at Beginning of Reporting Period.....	250000	
(c) Total Receipts (from Line 19)	10000	000000
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	250000	240000
7. Total Disbursements (from Line 31).....	10000	000000
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	240000	240000
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	000000	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	000000	



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. 06/2004)

Page 3

Write or Type Committee Name

M-PACK Super PAC

Report Covering the Period: From:

MM / DD / YYYY
02 / 01 / 2014

To:

MM / DD / YYYY
04 / 15 / 2014

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).....

100.00

7,600.00

(ii) Unitemized.....

000.00

000.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

100.00

7,600.00

(b) Political Party Committees.....

000.00

000.00

(c) Other Political Committees (such as PACs).....

000.00

000.00

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

100.00

7,600.00

12. Transfers From Affiliated/Other Party Committees.....

000.00

000.00

13. All Loans Received.....

000.00

000.00

14. Loan Repayments Received.....

000.00

000.00

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

000.00

000.00

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

000.00

000.00

17. Other Federal Receipts (Dividends, Interest, etc.).....

000.00

000.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

000.00

000.00

(b) Levin Funds (from Schedule H5).....

000.00

000.00

(c) Total Transfers (add 18(a) and 18(b))..

000.00

000.00

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

100.00

7,600.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

100.00

7,600.00

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**DETAILED SUMMARY PAGE
of Disbursements**

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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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	0
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E).....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)).....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	0	0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0	0

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DETAILED SUMMARY PAGE
of Disbursements

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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)	100.00	7600.00
34. Total Contribution Refunds (from Line 28(d))	000.00	000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	100.00	7600.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	000.00	000.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	000.00	000.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	000.00	000.00

14031230550

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE / , OF /
(check only one)

<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 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)

M-PACK SUPER PAC

Full Name (Last, First, Middle Initial)

A. **SURE Thing Inc.**

Mailing Address

7830 FLINTRIDGE DRIVE

City

HOUSTON

State

Zip Code

FEC ID number of contributing federal political committee.

C00552133

Name of Employer

SURE Thing Inc.

Occupation

NON-PROFIT

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

1,000.00

Date of Receipt

03 / 31 / 2014

Amount of Each Receipt this Period

1,000.00

Full Name (Last, First, Middle Initial)

B. **N/A**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0

Full Name (Last, First, Middle Initial)

C. **N/A**

Mailing Address

City

State

Zip Code

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0

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

1,000.00

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

1,000.00

14031230551

**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)						PAGE / OF /
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b	

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)
M-PACK SUPER PAC

A. Full Name (Last, First, Middle Initial) SURE Thing Inc.
 Mailing Address 7830 Flintridge Drive
 City Houston State TX. Zip Code 77028
 Purpose of Disbursement Donation for Spring Blast For Youth
 Candidate Name N/A Category/Type 0.1.2
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) Donation
 State: _____ District: _____

Date of Disbursement: 03 / 31 / 2014
 Amount of Each Disbursement this Period: 100.00

B. Full Name (Last, First, Middle Initial) N/A
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Purpose of Disbursement _____
 Candidate Name _____ Category/Type _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____
 State: _____ District: _____

Date of Disbursement: _____ / _____ / _____
 Amount of Each Disbursement this Period: 0

C. Full Name (Last, First, Middle Initial) N/A
 Mailing Address _____
 City _____ State _____ Zip Code _____
 Purpose of Disbursement _____
 Candidate Name _____ Category/Type _____
 Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) _____
 State: _____ District: _____

Date of Disbursement: _____ / _____ / _____
 Amount of Each Disbursement this Period: 0

SUBTOTAL of Disbursements This Page (optional) 100.00
TOTAL This Period (last page this line number only) 100.00

14031230552

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE / OF
	FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
M-PACK SUPER PAC

LOAN SOURCE Full Name (Last, First, Middle Initial) <i>N/A</i>	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
<input type="text" value="0"/>	<input type="text" value="0"/>	<input type="text" value="0"/>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="MM/DD/YYYY"/>	<input type="text" value="0"/> % (apr)	<input type="checkbox"/> Yes <input type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial) <i>N/A</i>	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value="0"/>
2. Full Name (Last, First, Middle Initial) <i>N/A</i>	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value="0"/>
3. Full Name (Last, First, Middle Initial) <i>N/A</i>	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value="0"/>
4. Full Name (Last, First, Middle Initial) <i>N/A</i>	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text" value="0"/>

SUBTOTALS This Period This Page (optional)	<input type="text" value="0"/>
TOTALS This Period (last page in this line only)	<input type="text" value="0"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

14031230553

SCHEDULE C-1 (FEC Form 3X)
LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page 1 of Schedule C

NAME OF COMMITTEE (In Full) <i>M-PACK SUPER PAC</i>	FEC IDENTIFICATION NUMBER C00552133
--	---

LENDING INSTITUTION (LENDER) Full Name <i>N/A</i>	Amount of Loan <input type="text" value="0"/>	Interest Rate (APR) <input type="text" value=""/> %
Mailing Address	Date Incurred or Established MM / DD / YYYY	
City State Zip Code	Date Due MM / DD / YYYY	

A. Has loan been restructured? No Yes If yes, date originally incurred MM / DD / YYYY

B. If line of credit, Amount of this Draw: Total Outstanding Balance:

C. Are other parties secondarily liable for the debt incurred?
 No Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?
 No Yes If yes, specify: _____

What is the value of this collateral?

Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? No Yes If yes, specify: _____

What is the estimated value?

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2). Location of account: _____

Date account established: MM / DD / YYYY Address: _____

City, State, Zip: _____

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

G. COMMITTEE TREASURER Typed Name <i>Joseph Allen Provost</i> Signature <i>Joseph Allen Provost</i>	DATE MM / DD / YYYY 04 / 08 / 2014
---	---

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

AUTHORIZED REPRESENTATIVE Typed Name Signature	DATE MM / DD / YYYY
Title	

14031230554

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
 Excluding Loans

14031230555

NAME OF COMMITTEE (In Full)

M-PACK SUPER PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>NONE</i>	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	<input type="text" value="0"/>
Amount Incurred This Period	<input type="text" value="0"/>
Payment This Period	<input type="text" value="0"/>
Outstanding Balance at Close of This Period	<input type="text" value="0"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>NONE</i>	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	<input type="text" value="0"/>
Amount Incurred This Period	<input type="text" value="0"/>
Payment This Period	<input type="text" value="0"/>
Outstanding Balance at Close of This Period	<input type="text" value="0"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>NONE</i>	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	<input type="text" value="0"/>
Amount Incurred This Period	<input type="text" value="0"/>
Payment This Period	<input type="text" value="0"/>
Outstanding Balance at Close of This Period	<input type="text" value="0"/>

1) SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="0"/>
2) TOTALS This Period (last page this line number only).....▶	<input type="text" value="0"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	<input type="text" value="0"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	<input type="text" value="0"/>

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE / OF /
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>M-PACK SUPER PAC</i>	FEC IDENTIFICATION NUMBER C00552133
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

14031230556

Full Name (Last, First, Middle Initial) of Payee <i>N/A</i>		Date MM / DD / YYYY
Mailing Address		Amount 0
City	State Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 0		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee <i>N/A</i>		Date MM / DD / YYYY
Mailing Address		Amount 0
City	State Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 0		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	0
(b) SUBTOTAL of Unitemized Independent Expenditures	0
(c) TOTAL Independent Expenditures	0

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Joseph Allen Provost
Signature

Date **04** / **08** / **2014**

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

NAME OF COMMITTEE (In Full) <i>M-PACK Super PAC</i>	<input type="checkbox"/> Check if 24-hour notice
--	--

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee <i>N/A</i> Mailing Address City State ZIP Code
---	--

Full Name (Last, First, Middle Initial) of Each Payee <i>N/A</i>	Purpose of Expenditure <input type="checkbox"/> Category/Type
Mailing Address	Date M M / D D / Y Y Y Y Y Y
City State Zip Code	Amount <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	
Aggregate General Election Expenditure for this Candidate ▶ <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) of Each Payee <i>N/A</i>	Purpose of Expenditure <input type="checkbox"/> Category/Type
Mailing Address	Date M M / D D / Y Y Y Y Y Y
City State Zip Code	Amount <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	
Aggregate General Election Expenditure for this Candidate ▶ <input type="checkbox"/>	

Full Name (Last, First, Middle Initial) of Each Payee <i>N/A</i>	Purpose of Expenditure <input type="checkbox"/> Category/Type
Mailing Address	Date M M / D D / Y Y Y Y Y Y
City State Zip Code	Amount <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)
Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	
Aggregate General Election Expenditure for this Candidate ▶ <input type="checkbox"/>	

SUBTOTAL of Expenditures This Page (optional).....▶	<input type="checkbox"/>
TOTAL This Period (last page this line number only).....▶	<input type="checkbox"/>

14031230557

SCHEDULE H1 (FEC Form 3X)

METHOD OF ALLOCATION FOR:

- ALLOCATED FEDERAL AND NONFEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS
- ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)
- ALLOCATED PUBLIC COMMUNICATIONS THAT REFER TO ANY POLITICAL PARTY (BUT NOT A CANDIDATE) (Separate Segregated Funds And Nonconnected Committees Only)

NAME OF COMMITTEE (In Full)

M-PACK SUPER PAC

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

Fixed Percentage (select one)

- _____ Presidential-Only Election Year (28% Federal)
- _____ Presidential and Senate Election Year (36% Federal)
- _____ Senate-Only Election Year (21% Federal)
- _____ Non-Presidential and Non-Senate Election Year (15% Federal)

B. Separate Segregated Funds and Nonconnected Committees

Flat Minimum Federal Percentage

If the committee will allocate using the flat minimum percentage of 50% federal funds, check
or

If the committee is spending more than 50% federal funds, indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

- Administrative
- Generic Voter Drive
- Public Communications Referencing Party Only

14031230558

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

NAME OF COMMITTEE (In Full)
M-PACK SUPER PAC

RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT ACTIVITIES APPEARING ON THIS REPORT.

Methods of allocation:

- I. FUNDRAISING activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity. **For PACs Only:** Direct candidate support includes public communications or voter drives that refer to both federal and nonfederal candidates, regardless of whether there is a reference to a political party. Such expenses are allocated using a time/space method.

14031230559

<p>ACTIVITY OR EVENT IDENTIFIER: <u>N/A</u></p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER: <u>N/A</u></p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER: <u>N/A</u></p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER: <u>N/A</u></p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER: <u>N/A</u></p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>
<p>ACTIVITY OR EVENT IDENTIFIER: <u>N/A</u></p> <p>ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported</p>	<p>FEDERAL %</p> <p><input type="text"/> %</p>	<p>NONFEDERAL %</p> <p><input type="text"/> %</p>

**SCHEDULE H3 (FEC Form 3X)
 TRANSFERS FROM NONFEDERAL ACCOUNTS FOR
 ALLOCATED FEDERAL / NONFEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)
M-PACK Super PAC

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED
<i>n/a</i>	MM / DD / YYYY	0

BREAKDOWN OF TRANSFER RECEIVED

- i) Total Administrative 0
- ii) Generic Voter Drive 0
- iii) Exempt Activities 0
- iv) Direct Fundraising (List Activity or Event Identifier)
 - a) 0
 - b) 0
 - c) Total Amount Transferred For Direct Fundraising 0
- v) Direct Candidate Support (List Activity or Event Identifier)
 - a) 0
 - b) 0
 - c) Total Amount Transferred For Direct Candidate Support 0
- vi) Public Communications Referring Only to Party (Made by PAC) 0

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

TOTAL This Period (Administrative)	0
TOTAL This Period (Generic Voter Drive)	0
TOTAL This Period (Exempt Activities)	0
TOTAL This Period (Direct Fundraising)	0
TOTAL This Period (Direct Candidate Support)	0
TOTAL This Period (Public Communications Referring Only to Party)	0
TOTAL This Period (Total Amount Transferred)	0

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SCHEDULE H4 (FEC Form 3X)
DISBURSEMENTS FOR ALLOCATED
FEDERAL/NONFEDERAL ACTIVITY

NAME OF COMMITTEE (In Full)
M-PACK Super PAC

14031230561

A. Full Name (Last, First, Middle Initial) *n/a*

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement: _____

Activity or Event Identifier: _____

Category/Type: _____

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date: / /

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
 _____ 0 + _____ 0 = _____ 0

B. Full Name (Last, First, Middle Initial) *n/a*

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement: _____

Activity or Event Identifier: _____

Category/Type: _____

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date: / /

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
 _____ 0 + _____ 0 = _____ 0

C. Full Name (Last, First, Middle Initial) *n/a*

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement: _____

Activity or Event Identifier: _____

Category/Type: _____

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date: / /

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
 _____ 0 + _____ 0 = _____ 0

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
 _____ 0 + _____ 0 = _____ 0

TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii))

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT
 _____ 0 + _____ 0 = _____ 0

SCHEDULE H5 (FEC Form 3X)

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR
ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

PAGE / OF /
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)
M-PACK Super PAC

NAME OF ACCOUNT <i>n/a</i>	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED 0
-------------------------------	-----------------------------------	-------------------------------

BREAKDOWN OF THIS TRANSFER

- i) **Voter Registration**
Total Amount Transferred for Voter Registration..... 0
- ii) **Voter ID**
Total Amount Transferred for Voter ID..... 0
- iii) **GOTV**
Total Amount Transferred for GOTV..... 0
- iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity..... 0

NAME OF ACCOUNT <i>n/a</i>	DATE OF RECEIPT MM / DD / YYYY	TOTAL AMOUNT TRANSFERRED 0
-------------------------------	-----------------------------------	-------------------------------

BREAKDOWN OF THIS TRANSFER

- i) **Voter Registration**
Total Amount Transferred for Voter Registration..... 0
- ii) **Voter ID**
Total Amount Transferred for Voter ID..... 0
- iii) **GOTV**
Total Amount Transferred for GOTV..... 0
- iv) **Generic Campaign Activity**
Total Amount Transferred for Generic Campaign Activity..... 0

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

- TOTAL This Period (Voter Registration)..... 0
- TOTAL This Period (Voter ID)..... 0
- TOTAL This Period (GOTV)..... 0
- TOTAL This Period (Generic Campaign Activity)..... 0
- TOTAL This Period (Total Amount of Transfers Received)..... 0

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**SCHEDULE H6 (FEC Form 3X)
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)
M-PACK SUPER PAC

A. Full Name (Last, First, Middle Initial) / Full Organization Name <i>n/a</i>		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT
 0 + 0 = 0

B. Full Name (Last, First, Middle Initial) / Full Organization Name <i>n/a</i>		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT
 0 + 0 = 0

C. Full Name (Last, First, Middle Initial) / Full Organization Name <i>n/a</i>		Type of Allocated Activity or Event: <input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV <input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign	
Mailing Address		Allocated Activity or Event Year-To-Date	
City	State	Zip Code	Date <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Disbursement		Category/Type	

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT
 0 + 0 = 0

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT
 0 + 0 = 0

TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))

FEDERAL SHARE TOTAL AMOUNT
 0 0

TOTAL This Period for the Levin Share

LEVIN SHARE 0

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SCHEDULE L (FEC Form 3X)
AGGREGATION PAGE: LEVIN FUNDS

14031230564

NAME OF COMMITTEE (In Full)
M-PACK Super PAC

NAME OF ACCOUNT
n/a

	COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1. RECEIPTS FROM PERSONS		
(a) Itemized (Use Schedule L-A)	<i>1,000.00</i>	<i>7,600.00</i>
(b) Unitemized	<i>0</i>	<i>0</i>
(c) Total	<i>1,000.00</i>	<i>7,600.00</i>
2. OTHER RECEIPTS		<i>0</i>
3. TOTAL RECEIPTS (Add Lines 1c and 2)	<i>1,000.00</i>	<i>7,600.00</i>
4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
(a) Voter Registration	<i>0</i>	<i>0</i>
(b) Voter ID	<i>0</i>	<i>0</i>
(c) GOTV	<i>0</i>	<i>0</i>
(d) Generic Campaign	<i>0</i>	<i>0</i>
(e) Total	<i>0</i>	<i>0</i>
5. OTHER DISBURSEMENTS	<i>0</i>	<i>0</i>
6. TOTAL DISBURSEMENTS (Add Lines 4e and 5)	<i>0</i>	<i>7,600.00</i>
7. BEGINNING CASH ON HAND (for Column B, use cash as of January 1st)	<i>2,500.00</i>	<i>2,400.00</i>
8. RECEIPTS (from Line 3)	<i>1,000.00</i>	<i>7,600.00</i>
9. SUBTOTAL (Add Lines 7 and 8)	<i>2,600.00</i>	<i>10,000.00</i>
10. DISBURSEMENTS (From Line 6)	<i>1,000.00</i>	<i>7,600.00</i>
11. ENDING CASH ON HAND (Subtract Line 10 From Line 9)	<i>2,500.00</i>	<i>2,400.00</i>

**SCHEDULE L-A (FEC Form 3X)
ITEMIZED RECEIPTS OF LEVIN FUNDS**

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

PAGE 1 OF 1

FOR LINE NUMBER:
(check only one) 1a 2

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)

M-PACK SUPER PAC

Full Name (Last, First, Middle Initial) / Full Organization Name

A.

N/A

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0

Aggregate Year-to-Date

0

B.

N/A

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0

Aggregate Year-to-Date

0

C.

N/A

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0

Aggregate Year-to-Date

0

D.

N/A

Full Name (Last, First, Middle Initial) / Full Organization Name

Mailing Address

City

State

Zip Code

Name of Employer or Principal Place of Business

Occupation

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0

Aggregate Year-to-Date

0

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

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

0

0

14031230565

**SCHEDULE L-B (FEC Form 3X)
ITEMIZED DISBURSEMENTS
OF LEVIN FUNDS**

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

FOR LINE NUMBER: (check only one)	PAGE / OF /
<input type="checkbox"/> 4a	<input type="checkbox"/> 4c
<input type="checkbox"/> 4b	<input type="checkbox"/> 4d
	<input type="checkbox"/> 5

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NAME OF COMMITTEE (In Full)

M-PACK SUPER PAC

Full Name (Last, First, Middle Initial) / Full Organization Name

<p>A.</p> <p><i>N/A</i></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p> <p>0</p>
<p>B.</p> <p><i>N/A</i></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p> <p>0</p>
<p>C.</p> <p><i>N/A</i></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p> <p>0</p>
<p>D.</p> <p><i>N/A</i></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p> <p>0</p>
<p>E.</p> <p><i>N/A</i></p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>Purpose of Disbursement</p>	<p>Date of Disbursement</p> <p>MM / DD / YYYY</p> <p>Amount of Each Disbursement this Period</p> <p>0</p>
<p>SUBTOTAL of Disbursements This Page (optional).....▶</p>	
<p>TOTAL This Period (last page this line number only).....▶</p>	

14031230566

14051250567
-JMLA SUPER IML
O. Box 23332
Houston, Texas 77228



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Washington DC 20463

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<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input checked="" type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked


 PREPARER
 (8/2013)

4/24/14
 DATE PREPARED