

**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: To:

14031164612

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2.0.14"/>		<input type="text" value="2,500.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2,500.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7,500.00"/>	<input type="text" value="7,500.00"/>
(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="1,000.00"/>	<input type="text" value="1,000.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="7,500.00"/>	<input type="text" value="7,500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="2,500.00"/>	<input type="text" value="2,500.00"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="7,500.00"/>	

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. 06/2004)

Page 3

Write or Type Committee Name

M-PACK SUPER PAC

Report Covering the Period: From:

MEM / DDD / YYYY
11 / 20 / 2013

To:

MEM / DDD / YYYY
01 / 31 / 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).....

7,500.00

7,500.00

(ii) Unitemized.....

0

0

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

7,500.00

7,500.00

(b) Political Party Committees.....

0

0

(c) Other Political Committees

(such as PACs).....

0

0

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5).....▶

7,500.00

7,500.00

12. Transfers From Affiliated/Other

Party Committees.....

0

0

13. All Loans Received.....

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0

0

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0

0

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

0

0

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

0

0

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c)).....▶

7,500.00

7,500.00

20. Total Federal Receipts

(subtract Line 18(c) from Line 19).....▶

7,500.00

7,500.00

14031164613

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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 Committee.....	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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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)	7,500.00	7,500.00
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7,500.00	7,500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0	0

14031164615

**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 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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)
CARR, TIFFANY

Mailing Address
5533 ARAPAHOE

City **HOUSTON** State **TEXAS** Zip Code **77020**

FEC ID number of contributing federal political committee. **C00552133**

Name of Employer **TIFFANY CARR** Occupation **CONSULTANT**

Receipt For:
 Primary General
 Other (specify) **media 004**

Aggregate Year-to-Date **7,500.00**

Date of Receipt
12 / 18 / 2013

Amount of Each Receipt this Period
7,500.00

B. Full Name (Last, First, Middle Initial)
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 **0**

Date of Receipt

Amount of Each Receipt this Period **0**

C. Full Name (Last, First, Middle Initial)
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

Amount of Each Receipt this Period **0**

SUBTOTAL of Receipts This Page (optional).....▶	7,500.00
TOTAL This Period (last page this line number only).....▶	7,500.00

14031164616

**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"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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		

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)
CARR, Tiffany

Mailing Address
5533 ARAPAHOE

City **HOUSTON** State **TEXAS** Zip Code **77020**

Purpose of Disbursement
Logo+WEB DESIGN, MEDIA AND ADDITIONAL PROMOTING

Candidate Name
N/A

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: _____ District: _____

Date of Disbursement
MM / DD / YYYY
12 / 18 / 2013

Amount of Each Disbursement this Period
7,500.00

Category/Type
0.04

B. Full Name (Last, First, Middle Initial)
N/A

Mailing Address
N/A

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
MM / DD / YYYY
_____ / _____ / _____

Amount of Each Disbursement this Period
0

Category/Type

C. Full Name (Last, First, Middle Initial)
N/A

Mailing Address
N/A

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
MM / DD / YYYY
_____ / _____ / _____

Amount of Each Disbursement this Period
0

Category/Type

SUBTOTAL of Disbursements This Page (optional).....▶ **7,500.00**

TOTAL This Period (last page this line number only).....▶ **7,500.00**

14031164617

SCHEDULE C (FEC Form 3X)

LOANS

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
<i>0</i>	<i>0</i>	<i>0</i>

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
<i>MM / DD / YYYY</i>	<i>MM / DD / YYYY</i>	<i> </i> % (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: <i>0</i>
2. Full Name (Last, First, Middle Initial) <i>N/A</i>	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>0</i>
3. Full Name (Last, First, Middle Initial) <i>N/A</i>	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>0</i>
4. Full Name (Last, First, Middle Initial) <i>N/A</i>	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <i>0</i>

SUBTOTALS This Period This Page (optional).....▶	<i>0</i>
TOTALS This Period (last page in this line only).....▶	<i>0</i>

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

14031164618

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="0"/> %	
Mailing Address	Date Incurred or Established MM / DD / YYYY	<input type="text" value=""/>	<input type="text" value=""/>
City State Zip Code	Date Due MM / DD / YYYY	<input type="text" value=""/>	<input type="text" value=""/>

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: _____
 Address: _____
 Date account established: MM / DD / YYYY
 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 *Joseph Allen Provost* DATE MM / DD / YYYY
 Signature *Joseph Allen Provost* **01 / 21 / 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		DATE
Typed Name	Title	MM / DD / YYYY
Signature		<input type="text" value=""/>

14031164619

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

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

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>CARR, TIFFANY</i>	Nature of Debt (Purpose): <i>Logo+Web design, media and additional promoting</i>
Mailing Address <i>5533 ARAPAHOE</i>	
City State Zip Code <i>HOUSTON TEXAS 77020</i>	

Outstanding Balance Beginning This Period <i>7500.00</i>	Amount Incurred This Period <i>0</i>	Payment This Period <i>7500.00</i>	Outstanding Balance at Close of This Period <i>0</i>
---	---	---------------------------------------	---

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>N/A</i>	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>N/A</i>	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional).....▶	<i>7500.00</i>
2) TOTALS This Period (last page this line number only).....▶	<i>0</i>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....▶	<i>0</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	<i>7500.00</i>

14031164620

**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 C 00552133
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee <i>N/A</i>	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address	Amount 0
City State Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <i>N/A</i>	Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address	Amount 0
City State Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure	Category/Type
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	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 Albin Provost
Signature

Date **01 / 21 / 2014**

14031164621

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) M-PACK SUPER PAC	
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 N/A Mailing Address City _____ State _____ ZIP Code _____

Full Name (Last, First, Middle Initial) of Each Payee N/A Mailing Address City _____ State _____ Zip Code _____ Name of Federal Candidate Supported _____ Office Sought: _____ House _____ State: _____ Senate _____ District: _____ Presidential _____ Aggregate General Election Expenditure for this Candidate ▶ _____	Purpose of Expenditure Category/Type Date M M M / D D D / Y Y Y Y Y Y Amount _____ 0
Full Name (Last, First, Middle Initial) of Each Payee N/A Mailing Address City _____ State _____ Zip Code _____ Name of Federal Candidate Supported _____ Office Sought: _____ House _____ State: _____ Senate _____ District: _____ Presidential _____ Aggregate General Election Expenditure for this Candidate ▶ _____	Purpose of Expenditure Category/Type Date M M M / D D D / Y Y Y Y Y Y Amount _____ 0
Full Name (Last, First, Middle Initial) of Each Payee N/A Mailing Address City _____ State _____ Zip Code _____ Name of Federal Candidate Supported _____ Office Sought: _____ House _____ State: _____ Senate _____ District: _____ Presidential _____ Aggregate General Election Expenditure for this Candidate ▶ _____	Purpose of Expenditure Category/Type Date M M M / D D D / Y Y Y Y Y Y Amount _____ 0

SUBTOTAL of Expenditures This Page (optional).....▶	_____ 0
TOTAL This Period (last page this line number only).....▶	_____ 0

14031164622

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

14031164623

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.

<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>

14031164624

**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>		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

14031164625

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

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

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*

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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

N/A

DATE OF RECEIPT

MM / DD / YYYY

TOTAL AMOUNT TRANSFERRED

0

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

0

ii) **Voter ID**

Total Amount Transferred for Voter ID.....

VOTER ID

0

iii) **GOTV**

Total Amount Transferred for GOTV.....

GOTV

0

iv) **Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity.....

GENERIC CAMPAIGN ACTIVITY

0

NAME OF ACCOUNT

N/A

DATE OF RECEIPT

MM / DD / YYYY

TOTAL AMOUNT TRANSFERRED

0

BREAKDOWN OF THIS TRANSFER

i) **Voter Registration**

Total Amount Transferred for Voter Registration.....

VOTER REGISTRATION

0

ii) **Voter ID**

Total Amount Transferred for Voter ID.....

VOTER ID

0

iii) **GOTV**

Total Amount Transferred for GOTV.....

GOTV

0

iv) **Generic Campaign Activity**

Total Amount Transferred for Generic Campaign Activity.....

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
N/A

Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address
City State Zip Code

Purpose of Disbursement Category/Type

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name
N/A

Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address
City State Zip Code

Purpose of Disbursement Category/Type

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name
N/A

Type of Allocated Activity or Event:
 Voter Registration GOTV
 Voter ID Generic Campaign

Mailing Address
City State Zip Code

Purpose of Disbursement Category/Type

Allocated Activity or Event Year-To-Date

Date

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

SUBTOTAL of Shared Federal and Levin Activity This Page

FEDERAL SHARE + LEVIN SHARE = TOTAL AMOUNT

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

FEDERAL SHARE LEVIN SHARE TOTAL AMOUNT

TOTAL This Period for the Levin Share

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

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

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

Use separate schedule(s) for each category of the Aggregation Page	PAGE / OF /
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 1a <input type="checkbox"/> 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

A. Full Name (Last, First, Middle Initial) / Full Organization Name
N/A

Mailing Address
N/A

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

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

Amount of Each Receipt this Period
 0

Aggregate Year-to-Date
 0

B. Full Name (Last, First, Middle Initial) / Full Organization Name
N/A

Mailing Address
N/A

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

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

Amount of Each Receipt this Period
 0

Aggregate Year-to-Date
 0

C. Full Name (Last, First, Middle Initial) / Full Organization Name
N/A

Mailing Address
N/A

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

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

Amount of Each Receipt this Period
 0

Aggregate Year-to-Date
 0

D. Full Name (Last, First, Middle Initial) / Full Organization Name
N/A

Mailing Address
N/A

City State Zip Code

Name of Employer or Principal Place of Business

Occupation

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

Amount of Each Receipt this Period
 0

Aggregate Year-to-Date
 0

SUBTOTAL of Receipts This Page (optional).....▶ 0

TOTAL This Period (last page this line number only).....▶ 0

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**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) 4a 4c 5
 4b 4d

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

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

0

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

B.

N/A

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

0

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

C.

N/A

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

0

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

D.

N/A

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

0

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

E.

N/A

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

0

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

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

0

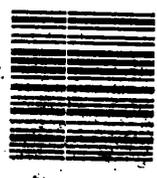
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Washington, DC 20463

Federal Election Commission
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Postmark Illegible

No Postmark

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Next Business Day Delivery

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Other (Specify): Date of Receipt or Postmarked

 1/30/14
 PREPARER DATE PREPARED

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