

**FEC FORM 3X**

**REPORT OF RECEIPTS AND DISBURSEMENTS**  
For Other Than An Authorized Committee

RECEIVED  
FEC MAIL CENTER  
2018 FEB -1 AM 11:55

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines. 12FE4M5

B a c k P A C

ADDRESS (number and street) 21212 Still Water Ct

Check if different than previously reported. (ACC) Southlake TX 7610912 = 51519

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIP CODE

C 0 0 6 5 3 5 6 8

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 02/20/2018 in the State of TX

(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 02/20/2018 in the State of TX

5. Covering Period 08/21/2017 through 12/31/2017

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Pooja Dewan

Signature of Treasurer *Pooja Dewan* Date 01/31/2018

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

2018 FEB -1 AM 11:55

**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: 

M	M	/	D	D	/	Y	Y	Y	Y
0	8	/	2	1	/	2	0	1	7

 To: 

M	M	/	D	D	/	Y	Y	Y	Y
1	2	/	3	1	/	2	0	1	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																																
6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>8</td></tr></table>	Y	Y	Y	Y	2	0	1	8	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>									<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 0																
Y	Y	Y	Y																															
2	0	1	8																															
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 0									<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 0																								
(c) Total Receipts (from Line 19).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>1</td><td>0</td><td>0</td><td>0</td></tr></table>					1	0	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>1</td><td>0</td><td>0</td><td>0</td></tr></table>					1	0	0	0																
1	0	0	0																															
1	0	0	0																															
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>1</td><td>0</td><td>0</td><td>0</td></tr></table>					1	0	0	0	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>1</td><td>0</td><td>0</td><td>0</td></tr></table>					1	0	0	0																
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1	0	0	0																															
7. Total Disbursements (from Line 31).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>2</td><td>0</td><td>9</td><td>5</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 9					2	0	9	5									<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>5</td><td>5</td><td>6</td><td>0</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 9					5	5	6	0								
2	0	9	5																															
5	5	6	0																															
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>4</td><td>4</td><td>3</td><td>9</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 1					4	4	3	9									<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>4</td><td>4</td><td>3</td><td>9</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 1					4	4	3	9								
4	4	3	9																															
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9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>3</td><td>4</td><td>6</td><td>5</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table> 0					3	4	6	5									<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></table>																
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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

20170301 10:00 AM

**DETAILED SUMMARY PAGE  
of Receipts**

FEC Form 3X (Rev. 05/2016)

Page 3

Write or Type Committee Name

Report Covering the Period: From: 11/01/2017 To: 10/31/2018

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).....	1,000.00	1,000.00
(ii) Unitemized.....	0	0
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1,000.00	1,000.00
(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).....▶	1,000.00	1,000.00
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)).....▶	1,000.00	1,000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1,000.00	1,000.00

NON-FEDERAL INFORMATION

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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 .....	2 0 9 5 9	2 0 9 5 9
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2 0 9 5 9	2 0 9 5 9
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 (52 U.S.C. § 30116(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 (Including Non-Federal Donations) .....	0	0
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	2 0 9 5 9	2 0 9 5 9
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) .....	2 0 9 5 9	2 0 9 5 9

NON-FEDERAL DONATIONS

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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).....	1 0 0 0	1 0 0 0
34. Total Contribution Refunds (from Line 28(d)).....	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33).....	1 0 0 0	1 0 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....▶	2 0 9 5 9	2 0 9 5 9
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36).....▶	2 0 9 5 9	2 0 9 5 9

NON-FEDERAL CAMPAIGN FINANCING

**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 1 OF 1
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

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

**A. Pooja Dewan**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address  
**712 Bryson way**

City <b>Southlake</b>	State <b>TX</b>	Zip Code <b>76092</b>
--------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>BNSF Railways</b>	Occupation (for Individual) <b>Chief Data Officer</b>
---	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**6,000**

Date of Receipt  
**09/24/2017**

Amount of Each Receipt this Period  
**600**

Memo Item

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

Mailing Address  
**2212 Still Water Ct.**

City <b>Southlake</b>	State <b>TX</b>	Zip Code <b>76092</b>
--------------------------	--------------------	--------------------------

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

Name of Employer (for Individual) <b>Unemployed</b>	Occupation (for Individual) <b>Unemployed</b>
--	--

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**400**

Date of Receipt  
**09/24/2017**

Amount of Each Receipt this Period  
**400**

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

Amount of Each Receipt this Period

Memo Item

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

**TOTAL** This Period (last page this line number only)..... ▶ **1,000**

2018-01-01-10-00-00

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

Full Name (Last, First, Middle Initial)			Date of Disbursement	
Mailing Address			M M / D D / Y Y Y Y	
City	State	Zip Code	FEC Identification Number	
Purpose of Disbursement		Candidate Name	Category/ Type	C
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				Amount of Each Disbursement this Period
State:	District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item

Full Name (Last, First, Middle Initial)			Date of Disbursement	
Mailing Address			M M / D D / Y Y Y Y	
City	State	Zip Code	FEC Identification Number	
Purpose of Disbursement		Candidate Name	Category/ Type	C
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				Amount of Each Disbursement this Period
State:	District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Memo Item

Full Name (Last, First, Middle Initial)			Date of Disbursement	
Mailing Address			M M / D D / Y Y Y Y	
City	State	Zip Code	FEC Identification Number	
Purpose of Disbursement		Candidate Name	Category/ Type	C
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President				Amount of Each Disbursement this Period
State:	District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item

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

2016-05-01 10:00:00 AM

**SCHEDULE C (FEC Form 3X)**  
**LOANS**

NAME OF COMMITTEE (In Full)

<b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			<b>Election:</b> <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

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

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

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

20160501 10:00 AM



**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 \_\_\_\_\_ of Schedule C

NAME OF COMMITTEE (In Full)			<b>FEC IDENTIFICATION NUMBER</b> C. _____		
<b>LENDING INSTITUTION (LENDER)</b> Full Name		Amount of Loan		Interest Rate (APR) _____ %	
Mailing Address			Date Incurred or Established M M / D D / Y Y Y Y		
City	State	Zip Code	Date Due M M / D D / Y Y Y Y		
A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes      If yes, date originally incurred _____					
B. If line of credit, Amount of this Draw: _____				Total Outstanding Balance: _____	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify: _____				What is the value of this collateral? _____  Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> 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).  Date account established: _____			Location of account: 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 _____ Signature _____				DATE M M / D D / Y Y Y Y	
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 M M / D D / Y Y Y Y		
Title _____			_____		

NON-CONFIDENTIAL INFORMATION

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

(Use separate schedule(s) for each numbered line)	PAGE 1 OF 1
	FOR LINE NUMBER: (check only one) <input checked="" type="checkbox"/> 9 <input type="checkbox"/> 10

NAME OF COMMITTEE (In Full) Back PAC
---

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Rebecca Waltz	Nature of Debt (Purpose): Mistaken purchases to be refunded.		
Mailing Address 2212 Still Water Ct.			
City Southlake	State TX	Zip Code 76092	
Outstanding Balance Beginning This Period 0	Amount Incurred This Period 3,465 0	Payment This Period 0	Outstanding Balance at Close of This Period 3,465 0

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	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	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).....	0
2) TOTALS This Period (last page this line number only).....	3,465 0
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)▶	3,465 0

2016-10-10 10:00 AM

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

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼ C
-----------------------------	----------------------------------

Check if  24-hour report  48-hour report  New report  Amends report filed on

Full Name of Payee <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination
Mailing Address			Amount
City	State	Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type	
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	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 <input type="checkbox"/> Memo Item			Date of Public Distribution/Dissemination
Mailing Address			Amount
City	State	Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure		Category/Type	
Name of Federal Candidate:		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	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.

Signature \_\_\_\_\_ Date \_\_\_\_\_

2018-02-01 00:16:14

**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**

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

NAME OF COMMITTEE (In Full) <b>BackPAC</b>									
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					
				Mailing Address					
				City		State		ZIP Code	
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item					Purpose of Expenditure			Category/Type	
Mailing Address					Date				
City		State	Zip Code						
Name of Federal Candidate Supported		Office Sought:	House	State: _____	Amount				
			Senate	District: _____					
			Presidential						
Aggregate General Election Expenditure for this Candidate ▶									
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item					Purpose of Expenditure			Category/Type	
Mailing Address					Date				
City		State	Zip Code						
Name of Federal Candidate Supported		Office Sought:	House	State: _____	Amount				
			Senate	District: _____					
			Presidential						
Aggregate General Election Expenditure for this Candidate ▶									
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item					Purpose of Expenditure			Category/Type	
Mailing Address					Date				
City		State	Zip Code						
Name of Federal Candidate Supported		Office Sought:	House	State: _____	Amount				
			Senate	District: _____					
			Presidential						
Aggregate General Election Expenditure for this Candidate ▶									
Full Name (Last, First, Middle Initial) of Each Payee <input type="checkbox"/> Memo Item					Purpose of Expenditure			Category/Type	
Mailing Address					Date				
City		State	Zip Code						
Name of Federal Candidate Supported		Office Sought:	House	State: _____	Amount				
			Senate	District: _____					
			Presidential						
Aggregate General Election Expenditure for this Candidate ▶									
<b>SUBTOTAL of Expenditures This Page (optional)</b> .....▶								0	
<b>TOTAL This Period (last page this line number only)</b> .....▶								0	

2016-05-01 10:00:00 AM

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)

BackPAC

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

Indicate ratio below

Federal..... %

Nonfederal..... %

This ratio applies to (check all that apply):

Administrative       Generic Voter Drive       Public Communications Referencing Party Only

20160501 10:00:00 AM

**SCHEDULE H2 (FEC Form 3X)**

**ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)

**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.

NON-FEDERAL CANDIDATE

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

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

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT	DATE OF RECEIPT <small>MM / DD / YYYY</small>	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

**BREAKDOWN OF TRANSFER RECEIVED**

i) Total Administrative .....

ii) Generic Voter Drive .....

iii) Exempt Activities .....

iv) Direct Fundraising (List Activity or Event Identifier)

a) \_\_\_\_\_

b) \_\_\_\_\_

c) Total Amount Transferred For Direct Fundraising .....

v) Direct Candidate Support (List Activity or Event Identifier)

a) \_\_\_\_\_

b) \_\_\_\_\_

c) Total Amount Transferred For Direct Candidate Support .....

vi) Public Communications Referring Only to Party (Made by PAC) .....

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED	
TOTAL This Period (Administrative) .....	
TOTAL This Period (Generic Voter Drive) .....	
TOTAL This Period (Exempt Activities) .....	
TOTAL This Period (Direct Fundraising) .....	
TOTAL This Period (Direct Candidate Support) .....	
TOTAL This Period (Public Communications Referring Only to Party) .....	
TOTAL This Period (Total Amount Transferred) .....	

2016-05-01 10:00:00 AM

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

NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement:		Category/ Type	Date	
Activity or Event Identifier:				
FEDERAL SHARE		+	NONFEDERAL SHARE	
		=	TOTAL AMOUNT	

B. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement:		Category/ Type	Date	
Activity or Event Identifier:				
FEDERAL SHARE		+	NONFEDERAL SHARE	
		=	TOTAL AMOUNT	

C. Full Name (Last, First, Middle Initial) <input type="checkbox"/> Memo Item			Allocated Activity or Event:	
Mailing Address			<input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt <input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support <input type="checkbox"/> Public Comm (ref to party only) by PAC	
City	State	Zip Code	Allocated Activity or Event Year-To-Date	
Purpose of Disbursement:		Category/ Type	Date	
Activity or Event Identifier:				
FEDERAL SHARE		+	NONFEDERAL SHARE	
		=	TOTAL AMOUNT	

**SUBTOTAL** of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE	+	NONFEDERAL SHARE	=	TOTAL AMOUNT
---------------	---	------------------	---	--------------

**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
---------------	--	------------------	--	--------------

2018-01-01 10:00:00 AM



**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)

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

NAME OF ACCOUNT	DATE OF RECEIPT M / M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

**BREAKDOWN OF THIS TRANSFER**

- i) **Voter Registration** VOTER REGISTRATION  
Total Amount Transferred for Voter Registration.....
- ii) **Voter ID** VOTER ID  
Total Amount Transferred for Voter ID.....
- iii) **GOTV** GOTV  
Total Amount Transferred for GOTV.....
- iv) **Generic Campaign Activity** GENERIC CAMPAIGN ACTIVITY  
Total Amount Transferred for Generic Campaign Activity.....

NAME OF ACCOUNT	DATE OF RECEIPT M / M / D D / Y Y Y Y	TOTAL AMOUNT TRANSFERRED
-----------------	--	--------------------------

**BREAKDOWN OF THIS TRANSFER**

- i) **Voter Registration** VOTER REGISTRATION  
Total Amount Transferred for Voter Registration.....
- ii) **Voter ID** VOTER ID  
Total Amount Transferred for Voter ID.....
- iii) **GOTV** GOTV  
Total Amount Transferred for GOTV.....
- iv) **Generic Campaign Activity** GENERIC CAMPAIGN ACTIVITY  
Total Amount Transferred for Generic Campaign Activity.....

**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

2018-01-01 10:00:00 AM

**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)

A. Full Name (Last, First, Middle Initial) / Full Organization Name			<input type="checkbox"/> Memo Item	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	
Purpose of Disbursement			Category/Type		

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

B. Full Name (Last, First, Middle Initial) / Full Organization Name			<input type="checkbox"/> Memo Item	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	
Purpose of Disbursement			Category/Type		

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

C. Full Name (Last, First, Middle Initial) / Full Organization Name			<input type="checkbox"/> Memo Item	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	
Purpose of Disbursement			Category/Type		

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT

<b>SUBTOTAL of Shared Federal and Levin Activity This Page</b>				
FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
<b>TOTAL This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii))</b>				
FEDERAL SHARE		LEVIN SHARE		TOTAL AMOUNT
<b>TOTAL This Period for the Levin Share</b>				

2018-01-01 01:00:00

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

NAME OF COMMITTEE (In Full)		
<b>BackPAC</b>		
NAME OF ACCOUNT		
<b>N/A</b>		
	<b>COLUMN A TOTAL THIS PERIOD</b>	<b>COLUMN B YEAR-TO-DATE</b>
<b>1. RECEIPTS FROM PERSONS</b>		
(a) Itemized (Use Schedule L-A)	0	0
(b) Unitemized	0	0
(c) Total	0	0
<b>2. OTHER RECEIPTS</b>	0	0
<b>3. TOTAL RECEIPTS</b> (Add Lines 1c and 2)	0	0
<b>4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT</b> (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
<b>5. OTHER DISBURSEMENTS</b>	0	0
<b>6. TOTAL DISBURSEMENTS</b> (Add Lines 4e and 5)	0	0
<b>7. BEGINNING CASH ON HAND</b> (for Column B, use cash as of January 1st)	0	0
<b>8. RECEIPTS</b> (from Line 3)	0	0
<b>9. SUBTOTAL</b> (Add Lines 7 and 8)	0	0
<b>10. DISBURSEMENTS</b> (From Line 6)	0	0
<b>11. ENDING CASH ON HAND</b> (Subtract Line 10 From Line 9)	0	0

20180108 10:10:10 AM

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

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

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

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

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Memo Item

Date of Receipt

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Amount of Each Receipt this Period

Aggregate Year-to-Date

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

Date of Receipt

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Amount of Each Receipt this Period

Aggregate Year-to-Date

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Memo Item

Date of Receipt

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Amount of Each Receipt this Period

Aggregate Year-to-Date

**D.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  Memo Item

Date of Receipt

Mailing Address

City State Zip Code

Name of Employer (for Individual)

Occupation (for Individual)

Amount of Each Receipt this Period

Aggregate Year-to-Date

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0
<b>TOTAL</b> This Period (last page this line number only).....	0

NON-CONFIDENTIAL INFORMATION

**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 1 OF 1
<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)  
**BackPAC**

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

A.			Date of Disbursement
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			

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

B.			Date of Disbursement
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			

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

C.			Date of Disbursement
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			

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

D.			Date of Disbursement
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			

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

E.			Date of Disbursement
Mailing Address			
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement			

SUBTOTAL of Disbursements This Page (optional)	0
TOTAL This Period (last page this line number only)	0

42-11-1000 : W-110 : 2018-10-20

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# PRIORITY MAIL EXPRESS™

BEST SERVICE IN THE U.S.

FEC MAIL CENTER

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U.S. POSTAGE PAID SOUTH LAKE, TX 76092 JAN 31, 18 AMOUNT \$24.70 R2304N117761-04

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Back Pack Cameron Walth  
2212 Still Water Ct.  
Southlake, TX 76092

PAYMENT BY ACCOUNT (if applicable) Federal Agency Acct. No. or Postal Service™ Acct. No. USPS® Corporate Acct. No.

### DELIVERY OPTIONS (Customer Use Only)

- SIGNATURE REQUIRED Note: The mailer must check the "Signature Required" box if the mailer: 1) Requires the addressee's signature; OR 2) Purchases additional insurance; OR 3) Purchases COD service; OR 4) Purchases Return Receipt service. If the box is not checked, the Postal Service will leave the item in the addressee's mail receptacle or other secure location without attempting to obtain the addressee's signature on delivery.
- Delivery Options
  - No Saturday Delivery (delivered next business day)
  - Sunday/Holiday Delivery Required (additional fee, where available)
  - 10:30 AM Delivery Required (additional fee, where available)

TO: (PLEASE PRINT)

Federal Election Commission  
999 E. Street, NW  
Washington, DC 20543

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20463

- For pickup or USPS Tracking™, visit USPS.com or call 800-222-1811.
- \$100.00 Insurance included.



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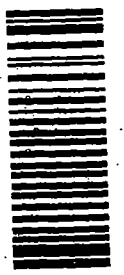
PRIORITY MAIL EXPRESS™

ORIGIN (POSTAL SERVICE USE ONLY)		SCHEDULED DELIVERY DATE (MMDDYY)		POSTAGE		INSURANCE		RETURN RECEIPT		TOTAL POSTAGE & FEES	
PO ZIP Code	76092	Schedule Delivery Date	2/12/18	Postage	\$ 24.70	Insurance Fee	\$	Return Receipt Fee	\$	Live Animal Transportation Fee	\$
Date Accepted	1/31/18	Schedule Delivery Time	10:30 AM	Live Animal Transportation Fee	\$	Return Receipt Fee	\$	Live Animal Transportation Fee	\$	Live Animal Transportation Fee	\$
Time Accepted	5:05 PM	10:30 AM Delivery Fee	\$	Live Animal Transportation Fee	\$	Live Animal Transportation Fee	\$	Live Animal Transportation Fee	\$	Live Animal Transportation Fee	\$
Special Handling/Fragile		Sunday/Holiday Premium Fee	\$	Live Animal Transportation Fee	\$	Live Animal Transportation Fee	\$	Live Animal Transportation Fee	\$	Live Animal Transportation Fee	\$
Weight	1.5 lbs.	Acceptance Employee Initials	CSP	Live Animal Transportation Fee	\$	Live Animal Transportation Fee	\$	Live Animal Transportation Fee	\$	Live Animal Transportation Fee	\$

DELIVERY (POSTAL SERVICE USE ONLY) Delivery Attempt (MMDDYY) Time Employee Signature

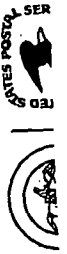
DELIVERY (POSTAL SERVICE USE ONLY) Delivery Attempt (MMDDYY) Time Employee Signature

2013 OD: 12.5 x 9.5



UNITED STATES

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UNITED STATES

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Federal Election Commission  
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 The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Date of Receipt
<input type="checkbox"/> USPS Registered/Certified	Date of Receipt
<input type="checkbox"/> USPS Priority Mail	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail Express	Postmarked
<input type="checkbox"/> Postmark Illegible	1/31/2018
<input 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

*mf*  
 PREPARER 2/1/2018  
 (3/2015) DATE PREPARED

20180131 09:00 AM