

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

BACKPAC

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on / / in the State of

- (d) 30-Day POST-Election Report for the:
- | | | |
|---|---------------------------------------|--|
| <input checked="" type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|---|---------------------------------------|--|

Election on / / in the State of

5. Covering Period / / through / /

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

Buchanan, Katherine, M, ,

Type or Print Name of Treasurer

Signature of Treasurer *Buchanan, Katherine, M, ,* [Electronically Filed] Date / /

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

Office Use Only									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

BACKPAC

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text"/>	<input type="text" value="23973.34"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="66109.87"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9000.00"/>	<input type="text" value="141050.00"/>
(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="75109.87"/>	<input type="text" value="165023.34"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="44019.66"/>	<input type="text" value="133933.13"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="31090.21"/>	<input type="text" value="31090.21"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

BACKPAC

Report Covering the Period: From: / / To: / /

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).....	500.00	84050.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	500.00	84050.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	8500.00	57000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	9000.00	141050.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	9000.00	141050.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	9000.00	141050.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	15519.66	34983.13
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	15519.66	34983.13
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	28500.00	98700.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	250.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	44019.66	133933.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	44019.66	133933.13

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)	9000.00	141050.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9000.00	141050.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	15519.66	34983.13
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	15519.66	34983.13

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 OF 15
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 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. Miller, Harris, Nathan, ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1309 Summerwood Ct

City McLean	State VA	Zip Code 22102-2217
----------------	-------------	------------------------

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

Name of Employer (for Individual) N/A	Occupation (for Individual) Not Employed
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		13		2016

Transaction ID : VNJ1EFBFJY4

Amount of Each Receipt this Period
500.00

Memo Item

* Earmarked Contribution: See Below

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

Mailing Address PO Box 382110

City Cambridge	State MA	Zip Code 02238-2110
-------------------	-------------	------------------------

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

Name of Employer (for Individual)	Occupation (for Individual) Conduit total listed in Agg. field
-----------------------------------	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		13		2016

Transaction ID : VNJ1EFBFJY4E

Amount of Each Receipt this Period
500.00

Memo Item

Note: Above Contribution earmarked through this organization.

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 15
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BACKPAC

A. CREDIT SUISSE SECURITIES (USA) LLC POLITICAL ACTION COMMITTEE
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1201 F St NW
 Ste 450
 City Washington State DC Zip Code 20004-1214
 FEC ID number of contributing federal political committee. **C** C00111559
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **11 / 08 / 2016**
Transaction ID : VNJ1EFBDYR7
 Amount of Each Receipt this Period 1000.00
 Memo Item

B. DEALERS ELECTION ACTION COMMITTEE OF THE NATIONAL AUTOMOTIVE DEALERS ASSOCIATION
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8400 Westpark Dr
 City McLean State VA Zip Code 22102-5116
 FEC ID number of contributing federal political committee. **C** C00040998
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt **11 / 02 / 2016**
Transaction ID : VNJ1EFAC0F1
 Amount of Each Receipt this Period 2500.00
 Memo Item

C. EMPLOYEES OF NORTHROP GRUMMAN CORPORATION PAC
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2980 Fairview Park Dr
 City Falls Church State VA Zip Code 22042-4511
 FEC ID number of contributing federal political committee. **C** C00088591
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **10 / 25 / 2016**
Transaction ID : VNJ1EF8R8Q1
 Amount of Each Receipt this Period 5000.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	8500.00
TOTAL This Period (last page this line number only).....	8500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BACKPAC

A. ACTBLUE

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 382110

City Cambridge State MA Zip Code 02238-2110

Purpose of Disbursement Processing Fee

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 11 / 13 / 2016

FEC Identification Number: C

Transaction ID : **VNH26A7QE**

Amount of Each Disbursement this Period: 19.75

Memo Item

B. American Express

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 1270

City Newark State NJ Zip Code 07101-1270

Purpose of Disbursement Credit Card Payment

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : **VNH26A5ZCY**

Amount of Each Disbursement this Period: 7233.44

Memo Item

C. 4 Imprint

Full Name (Last, First, Middle Initial)

Mailing Address 101 Commerce St

City Oshkosh State WI Zip Code 54901-4864

Purpose of Disbursement Promotional Materials

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2016

FEC Identification Number: C

Transaction ID : **VNH26A5ZDI**

Amount of Each Disbursement this Period: 947.06

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7253.19

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BACKPAC

Full Name (Last, First, Middle Initial) A. Atlantic Services Group, Inc.		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 2131 K St NW Ste 200		FEC Identification Number C [REDACTED] Transaction ID : VNH26A5ZD0 Amount of Each Disbursement this Period [REDACTED] 274.00	
City Washington	State DC	Zip Code 20037-1856	Category/ Type [REDACTED]
Purpose of Disbursement Catering/Events		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Enchanted Forest		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 139 S Fairfax St		FEC Identification Number C [REDACTED] Transaction ID : VNH26A5ZCZ Amount of Each Disbursement this Period [REDACTED] 265.00	
City Alexandria	State VA	Zip Code 22314-3301	Category/ Type [REDACTED]
Purpose of Disbursement Catering/Events		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. Grand Rental Station		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 9093 Centreville Rd		FEC Identification Number C [REDACTED] Transaction ID : VNH26A5ZD0 Amount of Each Disbursement this Period [REDACTED] 242.92	
City Easton	State MD	Zip Code 21601-7009	Category/ Type [REDACTED]
Purpose of Disbursement Catering/Events		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>
State: District:			

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

[REDACTED] 0.00

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

[REDACTED]

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BACKPAC

Full Name (Last, First, Middle Initial) A. Robert Morris Inn			Date of Disbursement MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 314 N Morris St				
City Oxford	State MD	Zip Code 21654-1019	FEC Identification Number C	
Purpose of Disbursement Catering/Events			Transaction ID : VNH26A5ZD6	
Candidate Name			Amount of Each Disbursement this Period 2674.61	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input checked="" type="checkbox"/> Memo Item *			

Full Name (Last, First, Middle Initial) B. Sandaway			Date of Disbursement MM / DD / YYYY 10 / 28 / 2016	
Mailing Address 103 W Strand Rd				
City Oxford	State MD	Zip Code 21654	FEC Identification Number C	
Purpose of Disbursement Lodging			Transaction ID : VNH26A5ZD2	
Candidate Name			Amount of Each Disbursement this Period 2613.54	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input checked="" type="checkbox"/> Memo Item *			

Full Name (Last, First, Middle Initial) C. American Express			Date of Disbursement MM / DD / YYYY 11 / 22 / 2016	
Mailing Address PO Box 1270				
City Newark	State NJ	Zip Code 07101-1270	FEC Identification Number C	
Purpose of Disbursement Credit Card Payment			Transaction ID : VNH26A7R3I	
Candidate Name			Amount of Each Disbursement this Period 1268.63	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:	<input type="checkbox"/> Memo Item			

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

1268.63

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BACKPAC

Full Name (Last, First, Middle Initial) A. Amtrak		Date of Disbursement MM / DD / YYYY 11 / 22 / 2016
Mailing Address 40 Massachusetts Ave NE		FEC Identification Number C [REDACTED] Transaction ID : VNH26A7R3H Amount of Each Disbursement this Period 824.00
City Washington	State DC	Zip Code 20002-4225
Purpose of Disbursement Travel	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Atlantic Services Group, Inc.		Date of Disbursement MM / DD / YYYY 11 / 22 / 2016
Mailing Address 2131 K St NW Ste 200		FEC Identification Number C [REDACTED] Transaction ID : VNH26A7R3F Amount of Each Disbursement this Period 336.00
City Washington	State DC	Zip Code 20037-1856
Purpose of Disbursement Catering/Events	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Society Fair		Date of Disbursement MM / DD / YYYY 11 / 22 / 2016
Mailing Address 277 S Washington St		FEC Identification Number C [REDACTED] Transaction ID : VNH26A7R3I Amount of Each Disbursement this Period 49.78
City Alexandria	State VA	Zip Code 22314-3646
Purpose of Disbursement Meals	Category/ Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
		<input checked="" type="checkbox"/> Memo Item

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

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BACKPAC

A. Angerholzer Broz Consulting, LLC

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 499 S Capitol St SW
Ste 422

M M M	/	D D D	/	Y Y Y Y Y
11		02		2016

City Washington State DC Zip Code 20003-4028

FEC Identification Number

Purpose of Disbursement
Fundraising Consulting Services

C

Transaction ID : **VNH26A6ZH**
Amount of Each Disbursement this Period

Candidate Name

Category/
Type

2451.64

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

Memo Item

State: District:

B. Choate, Catherine, , ,

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2009 N Vermont St

M M M	/	D D D	/	Y Y Y Y Y
10		28		2016

City Arlington State VA Zip Code 22207-2336

FEC Identification Number

Purpose of Disbursement
Catering/Events

C

Transaction ID : **VNH26A6N9N**
Amount of Each Disbursement this Period

Candidate Name

Category/
Type

630.00

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

Memo Item

State: District:

C. Colleen Browne

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 2541 N Vermont St

M M M	/	D D D	/	Y Y Y Y Y
10		25		2016

City Arlington State VA Zip Code 22207-4125

FEC Identification Number

Purpose of Disbursement
Catering/Events Reimbursement

C

Transaction ID : **VNH26A65Q**
Amount of Each Disbursement this Period

Candidate Name

Category/
Type

100.00

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

Memo Item

State: District:

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

3181.64

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

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BACKPAC

A. Susan Gage Caterers

Full Name (Last, First, Middle Initial)

Mailing Address 7100 Old Landover Rd

City Hyattsville State MD Zip Code 20785-1514

Purpose of Disbursement Catering/Events

Candidate Name

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

State: District:

Date of Disbursement: 10 / 26 / 2016

FEC Identification Number: C

Transaction ID : VNH26A6DQI

Amount of Each Disbursement this Period: 3816.20

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

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

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3816.20
TOTAL This Period (last page this line number only).....▶	15519.66

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BACKPAC

Full Name (Last, First, Middle Initial) A. ALEXANDRIA DEMOCRATIC COMMITTEE		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address 618 N WASHINGTON ST GD FL STE 2		FEC Identification Number C 000402628 Transaction ID : VNH26A5ZD/ Amount of Each Disbursement this Period 1000.00
City Alexandria	State VA	Zip Code 22314
Purpose of Disbursement Contribution		Category/ Type
Candidate Name ALEXANDRIA DEMOCRATIC COMMITTEE		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

Full Name (Last, First, Middle Initial) B. APPLGATE FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 27 / 2016
Mailing Address 380 S Melrose Dr Ste 207		FEC Identification Number C 000581595 Transaction ID : VNH26A7R3P Amount of Each Disbursement this Period 1000.00
City Vista	State CA	Zip Code 92081-6652
Purpose of Disbursement Contribution		Category/ Type
Candidate Name APPLGATE, DOUGLAS LOREN, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	<input type="checkbox"/> Memo Item
State: CA	District: 49	

Full Name (Last, First, Middle Initial) C. DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		Date of Disbursement MM / DD / YYYY 10 / 24 / 2016
Mailing Address 430 S Capitol St SE FI 2		FEC Identification Number C 00000935 Transaction ID : VNH26A65HI Amount of Each Disbursement this Period 25000.00
City Washington	State DC	Zip Code 20003-4024
Purpose of Disbursement Contribution		Category/ Type
Candidate Name DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State:	District:	

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

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

27000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
BACKPAC

Full Name (Last, First, Middle Initial) A. HILLARY VICTORY FUND			Date of Disbursement MM / DD / YYYY 10 / 21 / 2016	
Mailing Address PO Box 5256			FEC Identification Number C 000586537 Transaction ID : VNH26A6DZI Amount of Each Disbursement this Period 5619.93	
City New York	State NY	Zip Code 10185-5256	Category/ Type	
Purpose of Disbursement In-Kind Contribution: Catering/Events				
Candidate Name HILLARY VICTORY FUND				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input checked="" type="checkbox"/>	
State: District:				

Full Name (Last, First, Middle Initial) B. STEPHANIE MURPHY FOR CONGRESS			Date of Disbursement MM / DD / YYYY 10 / 21 / 2016	
Mailing Address PO Box 205			FEC Identification Number C 000620443 Transaction ID : VNH26A5W1V Amount of Each Disbursement this Period 500.00	
City Winter Park	State FL	Zip Code 32790-0205	Category/ Type	
Purpose of Disbursement Contribution				
Candidate Name MURPHY, STEPHANIE, , ,				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: FL District: 07				

Full Name (Last, First, Middle Initial) C. TOM O'HALLERAN FOR CONGRESS			Date of Disbursement MM / DD / YYYY 10 / 21 / 2016	
Mailing Address PO Box 20375			FEC Identification Number C 000582890 Transaction ID : VNH26A5W1 Amount of Each Disbursement this Period 1000.00	
City Sedona	State AZ	Zip Code 86341-0375	Category/ Type	
Purpose of Disbursement Contribution				
Candidate Name O'HALLERAN, TOM, , ,				
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Memo Item <input type="checkbox"/>	
State: AZ District: 01				

SUBTOTAL of Disbursements This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	28500.00