

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 ACCOUNT # (Ethics Commission Filers) <i>N/A</i>	2 Total pages filed: <i>2</i>
3 COMMITTEE NAME <i>Take Back Your Rights</i>		OFFICE USE ONLY Date Received: MAY 08 2014 BY: _____ Receipt # _____ Amount _____ Date Processed _____ Date Imaged _____	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address	ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>P.O. box 915 Frisco, TX 75034</i>		
5 CAMPAIGN TREASURER NAME <input type="checkbox"/> Change of Address	MS / MRS / MR FIRST MI <i>Carolyn</i> NICKNAME LAST SUFFIX <i>Becka</i>		
6 CAMPAIGN TREASURER'S STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE <i>Same as above</i>		
7 CAMPAIGN TREASURER'S MAILING ADDRESS <input type="checkbox"/> Change of Address	STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE <i>Same as above</i>		
8 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION <i>(214) 893-5015</i>		
9 REPORT TYPE	<input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (attach PAC-DR) <input checked="" type="checkbox"/> July 15 <input type="checkbox"/> 8th day before election <input type="checkbox"/> 10th day after campaign treasurer termination <input type="checkbox"/> Runoff		
10 PERIOD COVERED	Month Day Year THROUGH Month Day Year <i>1 / 1 / 2014 THROUGH 6 / 30 / 2014</i>		
11 ELECTION	ELECTION DATE Month Day Year <i>/ /</i>	ELECTION TYPE <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> General <input type="checkbox"/> Special	
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GENERAL-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

FORM GPAC COVER SHEET PG 2

12 COMMITTEE NAME <i>Take Back Your Rights</i>	ACCOUNT # (Ethics Commission Filers) <i>N/A</i>
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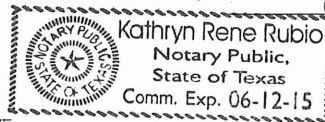
13 COMMITTEE ACTIVITY <small>(attach lists on plain paper to complete this report if necessary.)</small>	1. Candidates <small>(identify by name or, if applicable, classify by party)</small>	A. Supported	/
		B. Opposed	
	2. Measures <small>(describe by date and location of election and nature of issue)</small>	A. Supported	
		B. Opposed	
	3. Officeholders Assisted <small>(identify by name or, if applicable, classify by party)</small>		

14 CONTRIBUTION TOTALS	1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED <input type="checkbox"/> check here if this report qualifies for the higher itemization threshold	\$	<i>0</i>
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	\$	<i>0</i>
EXPENDITURE TOTALS	3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED	\$	<i>0</i>
	4. TOTAL POLITICAL EXPENDITURES	\$	<i>0</i>
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<i>0</i>
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	\$	<i>0</i>

15 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Carolyn Becka
Signature of Campaign Treasurer



AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said *Carolyn Becka*, this the *5* day of *5*, 20 *14*, to certify which, witness my hand and seal of office.

Kathryn Rubio/Banker
 Signature of officer administering oath Printed name of officer administering oath Title of officer administering oath