

GENERAL-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

FORM GPAC
COVER SHEET PG 1

The GPAC Instruction Guide explains how to complete this form.		1 Filer ID (Ethics Commission Filers) N/A	2 Total pages filed: 2
3 COMMITTEE NAME TAKE BACK YOUR RIGHTS PAC		OFFICE USE ONLY	
4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address		Date Received RECEIVED JAN 02 2019 CITY SECRETARY'S OFFICE	
ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE PO BOX 415 FUSCO, TX 75034		Date Hand-delivered or Date Postmarked	
5 CAMPAIGN TREASURER NAME <input type="checkbox"/> Change of Address		Receipt # Amount \$ Date Processed Date Imaged	
MS / MRS / MR FIRST MI CAROLYN NICKNAME LAST SUFFIX BECKA		STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #: CITY: STATE: ZIP CODE SAME AS ABOVE	
6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business)		STREET ADDRESS OR PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE SAME AS ABOVE	
7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address		AREA CODE PHONE NUMBER EXTENSION (214) 843-5015	
8 CAMPAIGN TREASURER PHONE		9 REPORT TYPE <input checked="" type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution (Attach PAC-DR) <input 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 7 / 1 / 2018 THROUGH 12 / 31 / 2018	
11 ELECTION		ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other Description N/A <input type="checkbox"/> General <input type="checkbox"/> Special	

GO TO PAGE 2

GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC
COVER SHEET PG 2

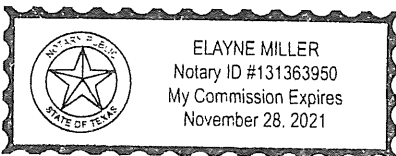
12 COMMITTEE NAME TAKE BACK YOUR RIGHTS PAC 13 Filer ID (Ethics Commission Filers) N/A

14 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 <u>N/A</u>
		B. Opposed
	3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small>	

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

16 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 29th day of December, 2018, to certify which, witness my hand and seal of office.

[Signature] Signature of officer administering oath Elayne Miller Printed name of officer administering oath Notary Public Title of officer administering oath