

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 GPAC | | | <div style="text-align: center; font-weight: bold;">OFFICE USE ONLY</div> <hr/> <p>Date Received</p> <p style="font-size: 1.5em; font-weight: bold;">RECEIVED</p> <p style="font-size: 1.2em;">JUL 2 2021 <i>ef</i></p> <p>City Secretary's Office <i>usmail 2:51pm</i></p> <hr/> <p>Date Hand-delivered or Date Postmarked</p> <hr/> <table style="width:100%; border: none;"> <tr> <td style="width:50%; border: none;">Receipt #</td> <td style="width:50%; border: none;">Amount \$</td> </tr> <tr> <td style="border: none;">Date Processed</td> <td style="border: none;">Date Imaged</td> </tr> </table> | Receipt # | Amount \$ | Date Processed | Date Imaged |
| Receipt # | Amount \$ | | | | | | |
| Date Processed | Date Imaged | | | | | | |
| 4 COMMITTEE ADDRESS <input type="checkbox"/> Change of Address | ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE PO BOX 915 FRISCO, TX 75034 | | | | | | |
| 5 CAMPAIGN TREASURER NAME | MS / MRS / MR FIRST MI CAROLYN NICKNAME LAST SUFFIX BECKA | | | | | | |
| 6 CAMPAIGN TREASURER STREET ADDRESS (Residence or Business) | STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE SAME AS ABOVE | | | | | | |
| 7 CAMPAIGN TREASURER MAILING ADDRESS <input type="checkbox"/> Change of Address | STREET ADDRESS OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE SAME AS ABOVE | | | | | | |
| 8 CAMPAIGN TREASURER PHONE | AREA CODE PHONE NUMBER EXTENSION (214)893-5015 | | | | | | |
| 9 REPORT TYPE | <input type="checkbox"/> January 15 <input type="checkbox"/> 30th day before election <input type="checkbox"/> Dissolution Report (Attach PAC-FR) <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 Month Day Year 01 / 01 / 2021 THROUGH 06 / 30 / 2021 | | | | | | |
| 11 ELECTION | ELECTION DATE ELECTION TYPE Month Day Year <input type="checkbox"/> Primary <input type="checkbox"/> Runoff <input type="checkbox"/> Other <input type="checkbox"/> General <input type="checkbox"/> Special Description: N/A | | | | | | |

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GENERAL-PURPOSE COMMITTEE PURPOSE AND TOTALS

FORM GPAC
COVER SHEET PG 2

| | | |
|---|--|---|
| 12 COMMITTEE NAME TAKE BACK YOUR RIGHTS GPAC | | 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 N/A |
| | | B. Opposed N/A |
| | 2. Measures <small>(Describe by date and location of election and nature of issue.)</small> | A. Supported N/A |
| | | B. Opposed N/A |
| | 3. Officeholders Assisted <small>(Identify by name or, if applicable, classify by party.)</small> | N/A |
| 15 CONTRIBUTION TOTALS | 1. TOTAL UNITEMIZED POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS, OR CONTRIBUTIONS MADE ELECTRONICALLY) <input type="checkbox"/> Check here if this report qualifies for the higher itemization threshold | \$ 0 |
| | 2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS) | \$ 0 |
| EXPENDITURE TOTALS | 3. TOTAL UNITEMIZED POLITICAL EXPENDITURES | \$ 0 |
| | 4. TOTAL POLITICAL EXPENDITURES | \$ 0 |
| CONTRIBUTION BALANCE | 5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |
| OUTSTANDING LOAN TOTALS | 6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD | \$ 0 |

16 SIGNATURE 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 (Declarant)

Please complete either option below:

(1) Affidavit

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said _____, this the _____ day of _____, 20____, to certify which, witness my hand and seal of office.

| | | |
|---|--|-------------------------------------|
| Signature of officer administering oath | Printed name of officer administering oath | Title of officer administering oath |
| OR | | |

(2) Unsworn Declaration

My name is CAROLYN BECKA, and my date of birth is _____.

My address is PO BOX 915 (street), Frisco (city), TX (state), 75034 (zip code), COLLIN (country).

Executed in COLLIN County, State of TEXAS, on the 30TH day of JUNE, 2021.

Carolyn Becka
Signature of Campaign Treasurer (Declarant)