



Campaign Finance Section
Financial Report

Financial Reports are required to be submitted to the Campaign Finance Section of the Office of the State Election Commissioner by all Candidates, Committees, and Organizations. Late or incomplete reports are subject to fines levied by the Commissioner's Office, so please be sure to check all applicable deadlines and file on time. Add extra sheets if necessary.

FULL ORGANIZATION NAME: Back on Track PAC
ACCOUNT NUMBER: 02006403 DATE OF THIS REPORT: 02/10/2026
REPORTING PERIOD START: 05/15/2025 REPORTING PERIOD END: 12/31/2025
OFFICE SOUGHT:

CHECK THE BOX THAT APPLIES TO THIS REPORT :

PRIMARY ELECTION [ ] 8-DAY [ ] 30-DAY OTHER ELECTION [ ] 8-DAY [ ] 30-DAY
GENERAL ELECTION [ ] 8-DAY [ ] 30-DAY SPECIAL ELECTION [ ] 8-DAY [ ] 30-DAY
[ ] YEAR END

THIRD-PARTY ADVERTISERS [ ]

FINAL ORGANIZATION CLOSING : [ ] YES [ ] NO
AMENDMENT : [ ] YES [ ] NO

CLOSING DATE :

I authorize that all information included in this Financial Report package is accurate and correct. I agree to abide by all rules and regulations regarding Campaign Finance and the election process in the State of Delaware. I understand that representatives from the Office of the State Election Commissioner will perform an audit of all information provided on this report.

April Lyons-Alls

TREASURER SIGNATURE

DATE

Legend: Current, Amended, Deleted, Amended New



STATEMENT OF ACCOUNT BALANCE

ACCOUNT NUMBER : 02006403

REPORTING PERIOD : 05/15/2025 FROM

12/31/2025 TO

1. BEGINNING BALANCE (Ending Balance from last reporting period)	<u>\$0.00</u>
2. RECEIPTS :	
A. SCHEDULE A - TOTAL RECEIPTS	<u>\$49,500.00</u>
B. SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS	<u>\$0.00</u>
C. SCHEDULE D-1 - TOTAL LOANS RECEIVED AND DEBTS INCURRED	<u>\$0.00</u>
D. SCHEDULE E - TOTAL EXPENSE REIMBURSEMENTS RECEIVED	<u>\$0.00</u>
E. SUBTOTAL (Total of A,B,C,D)	<u>\$49,500.00</u>
3. EXPENDITURES :	
F. SCHEDULE B - TOTAL EXPENDITURES	<u>\$0.00</u>
G. SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES	<u>\$0.00</u>
H. SCHEDULE D-2 - LOAN AND DEBT PAYMENTS	<u>\$0.00</u>
I. SCHEDULE E - INTER COMMITTEE (SHARED) EXPENSES	<u>\$0.00</u>
J. SUBTOTAL (Total of F,G,H,I)	<u>\$0.00</u>
4. ENDING BALANCE (Beginning Balance plus 2E minus 3J)	<u>\$49,500.00</u>
5. VALUE OF NON-CASH ASSETS (From Schedule F)	<u>\$0.00</u>
6. VALUE OF DISPOSED/TRANSFERRED ASSETS (From Schedule G)	<u>\$0.00</u>
7. VALUE OF LOANS AT END OF PERIOD (Loan Balance From Schedule D-2)	<u>\$0.00</u>

■ Current   ■ Amended   ■ Deleted   ■ Amended New



**SCHEDULE A - TOTAL RECEIPTS**

ACCOUNT NUMBER : 02006403 REPORTING PERIOD : 05/15/2025 FROM 12/31/2025 TO

Itemize all receipts over \$100 for the reporting period. Receipts from sales of items must be itemized if they are over \$50. NOTE: If you receive funds from the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

**RECEIPTS :**

Date Received	Contributor Name	Contributor Mailing Address	Aggregate Amount	Amount Received
05/15/2025	Citizens for a New Delaware Way	2339 Charleston Park Dr., North Port, Florida, 34287	\$5,000.00	\$5,000.00
11/21/2025	Citizens for a New Delaware Way	2339 Charleston Park Dr., North Port, Florida, 34287	\$9,500.00	\$4,500.00
12/04/2025	Citizens for a New Delaware Way	2339 Charleston Park Dr., North Port, Florida, 34287	\$49,500.00	\$40,000.00
<b>TOTAL ITEMIZED RECEIPTS</b>				\$49,500.00
<b>TOTAL OF CONTRIBUTIONS NOT EXCEEDING \$100</b>				\$0.00
<b>GRAND TOTAL RECEIPTS (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2A)</b>				\$49,500.00

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**SCHEDULE B - TOTAL EXPENDITURES**

ACCOUNT NUMBER : 02006403 REPORTING PERIOD : 05/15/2025 12/31/2025  
 FROM TO

Itemize all expenditures over \$100 for the reporting period. All expenditures to Political Committees must be itemized, regardless of the amount. NOTE: IF you expend funds to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

**EXPENDITURES :**

Date Expended	Payee Name	Payee Mailing Address	Vendor	Aggregate Amount	Amount Expended
<b>TOTAL ITEMIZED EXPENDITURES</b>					\$0.00
<b>TOTAL OF EXPENDITURES NOT EXCEEDING \$100</b>					\$0.00
<b>GRAND TOTAL EXPENDITURES (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3F)</b>					\$0.00

■ Current
 ■ Amended
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 ■ Amended New



**SCHEDULE C-1 - TOTAL IN-KIND RECEIPTS**

ACCOUNT NUMBER : 02006403 REPORTING PERIOD : 05/15/2025 12/31/2025  
FROM TO

Itemize all goods and services contributed at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you receive in-kind contributions from the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

**IN-KIND CONTRIBUTIONS :**

(NOTE: ESTIMATED VALUE RECEIVED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU MADE FOR THE GOODS OR SERVICES)

Date Received	Contributor Name	Contributor Mailing Address	Description of Contribution	Est. Amount Received
<b>TOTAL ITEMIZED IN-KIND CONTRIBUTIONS</b>				\$0.00
<b>TOTAL OF IN-KIND CONTRIBUTIONS NOT EXCEEDING \$100</b>				\$0.00
<b>GRAND TOTAL RECEIPTS (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2B)</b>				\$0.00

■ Current ■ Amended ■ Deleted ■ Amended New



**SCHEDULE C-2 - TOTAL IN-KIND EXPENDITURES**

ACCOUNT NUMBER : 02006403 REPORTING PERIOD : 05/15/2025 12/31/2025  
 FROM TO

Itemize all goods and services expended at no charge or less than fair market value in excess of \$100 for the reporting period. NOTE: If you pay in-kind expenditures to the same person or organization several times during the reporting period, each item must be listed if the aggregate amount is over \$100, even if the individual amounts are not.

**IN-KIND EXPENDITURES :**

(NOTE: ESTIMATED VALUE EXPENDED IS FAIR MARKET VALUE LESS ANY PAYMENTS YOU RECEIVED FOR THE GOODS OR SERVICES)

Date Expended	Person or Activity Name	Person or Activity Location or Mailing Address	Vendor	Description of Expenditure	Est. Amount Expended
<b>TOTAL ITEMIZED IN-KIND EXPENDITURES</b>					\$0.00
<b>TOTAL OF IN-KIND EXPENDITURES NOT EXCEEDING \$100</b>					\$0.00
<b>GRAND TOTAL EXPENDITURES</b> (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3G)					\$0.00

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 ■ Amended New





**SCHEDULE D-2 - TOTAL LOANS AND DEBTS OUTSTANDING**

ACCOUNT NUMBER : 02006403 REPORTING PERIOD : 05/15/2025 12/31/2025  
 FROM TO

All outstanding loans in excess of \$50 must be listed. This includes loans from Lending Institutions, Candidates Personal Funds and Other Contributors.

**LOANS IN EXCESS OF \$50 :**

Transaction Id	Date Received	Lender	Endorser	Description	Int Rate	Previous Loan Balance	Payments Made	Balance
<b>TOTAL LOANS</b> (TOTAL PAYMENTS MADE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 3H. TOTAL LOAN BALANCE SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCT BALANCE, ITEM 7.)						\$0.00	\$0.00	\$0.00

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**SCHEDULE E - INTER COMMITTEE (SHARED) EXPENSES**

ACCOUNT NUMBER : 02006403

REPORTING PERIOD : 05/15/2025  
FROM

12/31/2025  
TO

All expense reimbursements received by you and paid by you must be itemized.

**REIMBURSEMENTS RECEIVED (Monies paid to you as reimbursements for expenses you incurred.)**

Date Received	Reimburser	Description of Activity	Activity Date	Total Expense	Reimbursement
TOTAL REIMBURSEMENTS RECEIVED (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 2D.)				\$0.00	\$0.00

**REIMBURSEMENTS PAID (Monies paid by you to reimburse others for expenses they incurred.)**

Date Paid	Payee	Description of Activity	Activity Date	Total Expense	Reimbursement
TOTAL REIMBURSEMENTS PAID (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 3I.)				\$0.00	\$0.00

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 ■ Amended New



**SCHEDULE F - NON-CASH ASSETS**

ACCOUNT NUMBER : 02006403 REPORTING PERIOD : 05/15/25 12/31/2025  
FROM TO

Itemize all non-cash assets owned by the organization including those paid for by the organization, lent to the organization and contributed to the organization.

**LIST ALL NON-CASH ASSETS**

Date Received	Description of Asset	Location of Asset (Physical Address)	Value of Asset
<b>TOTAL ASSET VALUE</b> (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 5.)			\$0.00

■ Current ■ Amended ■ Deleted ■ Amended New



**SCHEDULE G - ELIMINATION OF ASSETS**

ACCOUNT NUMBER : 02006403

REPORTING PERIOD : 05/15/2025  
FROM

12/31/2025  
TO

Itemize all non-cash assets disposed of, transferred or sold by the organization during the reporting period.

**LIST ALL ELIMINATED ASSETS**

Date Eliminated	Description of Asset	Disposition of Asset	Value of Asset
<b>TOTAL ASSETS ELIMINATED</b> (TOTAL SHOULD ALSO APPEAR ON PAGE 2, STATEMENT OF ACCOUNT BALANCE, ITEM 6.)			\$0.00

■ Current   ■ Amended   ■ Deleted   ■ Amended New