

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

Powell for Congress

ADDRESS (number and street)

421 Branchway Rd

Check if different than previously reported. (ACC)

Richmond

VA

23236

2. FEC IDENTIFICATION NUMBER ▼

C C00497289

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

VA

07

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)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

General (12G)

Runoff (12R)

Convention (12C)

Special (12S)

Election on MM / DD / YYYY

in the State of

(c) 30-Day POST-Election Report for the:

General (30G)

Runoff (30R)

Special (30S)

Election on MM / DD / YYYY

in the State of

5. Covering Period

MM / DD / YYYY
01 / 01 / 2013

through

MM / DD / YYYY
03 / 31 / 2013

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

Type or Print Name of Treasurer Mr. Frederick A. Hodnett Jr

Signature of Treasurer Mr. Frederick A. Hodnett Jr

[Electronically Filed]

Date

MM / DD / YYYY
12 / 22 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Powell for Congress

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	745.26	10487.12
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	745.26	10487.12
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	12803.64	60228.70
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	12803.64	60228.70
8. Cash on Hand at Close of Reporting Period (from Line 27).....	12160.68	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	98397.88	

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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Powell for Congress

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	745.26	677607.91
(ii) Unitemized.....	0.00	25.29
(iii) TOTAL of contributions from individuals ▶	745.26	9787.12
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	700.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	745.26	10487.12
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	3500.00	13500.00
(b) All Other Loans.....	0.00	1500.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	3500.00	15000.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	5819.75	6248.30
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	10065.01	31735.42

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	12803.64	60228.70
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	12803.64	60228.70

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	14899.31
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10065.01
25. SUBTOTAL (add Line 23 and Line 24).....	24964.32
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	12803.64
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	12160.68

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Powell for Congress

A. Full Name (Last, First, Middle Initial)
Lawrence Morrison

Mailing Address 1616 S Lynn St

City State Zip Code
Arlington VA 22202-1617

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

Name of Employer Occupation
N/A Retired

Receipt For: 2012
 Primary General
 Other (specify) Debt General

Election Cycle-to-Date
100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 01 / 2013

Transaction ID : C6908364

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
Shannon Taylor

Mailing Address 7401 Normandy Dr.

City State Zip Code
Richmond VA 23229

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

Name of Employer Occupation
Information Requested Information Requested

Receipt For: 2012
 Primary General
 Other (specify) Debt General

Election Cycle-to-Date
100.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 11 / 2013

Transaction ID : C7074371

Amount of Each Receipt this Period
100.00

C. Full Name (Last, First, Middle Initial)
Del Dutrow

Mailing Address 4376 Majestic Lane

City State Zip Code
Fairfax VA 22033-3502

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

Name of Employer Occupation
none retired teacher

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
15.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 19 / 2013

Transaction ID : C7081366A

Amount of Each Receipt this Period
15.00

* Earmarked Contribution: See Belowdebt payoff

SUBTOTAL of Receipts This Page (optional).....

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

215.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Powell for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
545.26

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2013

Transaction ID : C7081366AB

Amount of Each Receipt this Period
15.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Ridgway Edens

Mailing Address 508 Poplar Ln.

City State Zip Code
south hill VA 23970-1208

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

Name of Employer Occupation
none none

Receipt For: 2012
 Primary General
 Other (specify) Debt General

Election Cycle-to-Date
50.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 20 / 2013

Transaction ID : C7081370A

Amount of Each Receipt this Period
25.00

* Earmarked Contribution: See Belowdebt payoff

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify) Debt General

Election Cycle-to-Date
545.26

Date of Receipt
M M / D D / Y Y Y Y
03 / 24 / 2013

Transaction ID : C7081370AB

Amount of Each Receipt this Period
25.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....

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

25.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Powell for Congress

A. Full Name (Last, First, Middle Initial)
Rosemarie M. Herrity

Mailing Address 16008 lily hill way

City culpeper State VA Zip Code 22701-7386

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

Name of Employer none Occupation retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2013

Transaction ID : C7081367A

Amount of Each Receipt this Period
50.00

* Earmarked Contribution: See Belowdebt payoff

B. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. BOX 382110

City CAMBRIDGE State MA Zip Code 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
545.26

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2013

Transaction ID : C7081367AB

Amount of Each Receipt this Period
50.00

[MEMO ITEM]
 Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Laura Hughes

Mailing Address 11080 old farmhouse lane

City glen allen State VA Zip Code 23059

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

Name of Employer spotsylvania regional medical ctr Occupation respiratory therapist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
25.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 19 / 2013

Transaction ID : C7081368A

Amount of Each Receipt this Period
25.00

* Earmarked Contribution: See Belowdebt payoff

SUBTOTAL of Receipts This Page (optional).....

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

75.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Powell for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
545.26

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2013

Transaction ID : C7081368AB

Amount of Each Receipt this Period
25.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Mitzi Humphrey

Mailing Address 2201 Conte Drive

City State Zip Code
Midlothian VA 23113-2363

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

Name of Employer Occupation
self artist

Receipt For: 2012
 Primary General
 Other (specify) Debt General

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 21 / 2013

Transaction ID : C7081371A

Amount of Each Receipt this Period
125.00

* Earmarked Contribution: See Belowdebt payoff

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify) Debt General

Election Cycle-to-Date
545.26

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 24 / 2013

Transaction ID : C7081371AB

Amount of Each Receipt this Period
125.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....

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

125.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Powell for Congress

A. Full Name (Last, First, Middle Initial)
Carolyn Jacobs

Mailing Address 8413 Gatwick Terrace

City State Zip Code
Glen Allen VA 23060

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

Name of Employer Occupation
Retired Retired

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
25.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 20 / 2013

Transaction ID : C7081369A

Amount of Each Receipt this Period
25.00

* Earmarked Contribution: See Belowdebt payoff

B. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
545.26

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 24 / 2013

Transaction ID : C7081369AB

Amount of Each Receipt this Period
25.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
Lawrence Morrison

Mailing Address 1616 S. Lynn St.

City State Zip Code
Arlington VA 22202

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

Name of Employer Occupation
none Retired

Receipt For: 2012
 Primary General
 Other (specify) Debt General

Election Cycle-to-Date
25.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 19 / 2013

Transaction ID : C7081365A

Amount of Each Receipt this Period
25.00

* Earmarked Contribution: See Belowdebt payoff

SUBTOTAL of Receipts This Page (optional).....

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

50.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Powell for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify) Debt General

Election Cycle-to-Date
545.26

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2013

Transaction ID : C7081365AB

Amount of Each Receipt this Period
25.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Til Purnell

Mailing Address 4292 Millington Road

City State Zip Code
Free Union VA 22940-2131

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

Name of Employer Occupation
none not employed

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
100.00

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 21 / 2013

Transaction ID : C7081372A

Amount of Each Receipt this Period
100.00

* Earmarked Contribution: See Belowdebt payoff

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
545.26

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 24 / 2013

Transaction ID : C7081372AB

Amount of Each Receipt this Period
100.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....

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

100.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Powell for Congress

A. Full Name (Last, First, Middle Initial)
David Reuther

Mailing Address 821 Shetland Way

City State Zip Code
Culpeper VA 22701-3218

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

Name of Employer none Occupation Not employed

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 21 / 2013

Transaction ID : C7081373A

Amount of Each Receipt this Period
50.00

* Earmarked Contribution: See Belowdebt payoff

B. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
545.26

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 24 / 2013

Transaction ID : C7081373AB

Amount of Each Receipt this Period
50.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

C. Full Name (Last, First, Middle Initial)
yvonne royster

Mailing Address 15781 rhodes lane

City State Zip Code
chesterfield VA 23838

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

Name of Employer retired Occupation retired

Receipt For: 2012
 Primary General
 Other (specify) Debt General

Election Cycle-to-Date
200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 24 / 2013

Transaction ID : C7081374A

Amount of Each Receipt this Period
100.00

* Earmarked Contribution: See Belowdebt payoff

SUBTOTAL of Receipts This Page (optional).....

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

150.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 43
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Powell for Congress

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify) Debt General

Election Cycle-to-Date
545.26

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 24 / 2013

Transaction ID : C7081374AB

Amount of Each Receipt this Period
100.00

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

B. Full Name (Last, First, Middle Initial)
Jeremy Trabue

Mailing Address 3723 SE 66th Ave

City State Zip Code
Portland OR 97206

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

Name of Employer Occupation
Chemeketa Community College English Professor

Receipt For: 2012
 Primary General
 Other (specify) Debt General

Election Cycle-to-Date
10.52

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 01 / 2013

Transaction ID : C6910835A

Amount of Each Receipt this Period
5.26

* Earmarked Contribution: See Belowdebt payoff

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address P.O. BOX 382110

City State Zip Code
CAMBRIDGE MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation
Conduit total listed in Agg. field

Receipt For: 2012
 Primary General
 Other (specify) Debt General

Election Cycle-to-Date
545.26

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 06 / 2013

Transaction ID : C6910835AB

Amount of Each Receipt this Period
5.26

[MEMO ITEM]
Note: Above Contribution earmarked through this organization.

SUBTOTAL of Receipts This Page (optional).....

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

5.26

745.26

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 43
	<input type="checkbox"/> 11a 12 <input checked="" type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Powell for Congress

A. Full Name (Last, First, Middle Initial)
Ernest Wayne Powell

Mailing Address 104 Durrington PI

City Richmond State VA Zip Code 23236

FEC ID number of contributing federal political committee. **C H2VA07113**

Name of Employer Powell and Parrish, LLC Occupation attorney at law

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
14200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 22 / 2013

Transaction ID : C7073609

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Ernest Wayne Powell

Mailing Address 104 Durrington PI

City Richmond State VA Zip Code 23236

FEC ID number of contributing federal political committee. **C H2VA07113**

Name of Employer Powell and Parrish, LLC Occupation attorney at law

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
14200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 28 / 2013

Transaction ID : C7073611

Amount of Each Receipt this Period
1000.00

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....

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

3500.00

3500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 43
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Powell for Congress

A. Full Name (Last, First, Middle Initial)
Cortani Morrison

Mailing Address 1645 York Mills Ln

City Reston State VA Zip Code 20194-1619

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 03 / 2013

Transaction ID : C7073622

Amount of Each Receipt this Period
 1819.75

B. Full Name (Last, First, Middle Initial)
New Blue Interactive LLC

Mailing Address 4906 Glen Cove Pkwy Ste 101

City Bethesda State MD Zip Code 20816-3006

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) purchase of contact

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 02 / 01 / 2013

Transaction ID : C7073623

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
NGP VAN, Inc.

Mailing Address 1101 15th Street Northwest #500

City Washington State DC Zip Code 20005

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify) return payment-mist

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 29 / 2013

Transaction ID : C7073614

Amount of Each Receipt this Period
 1500.00

SUBTOTAL of Receipts This Page (optional).....

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

5819.75

5819.75

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 43			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Powell for Congress

Full Name (Last, First, Middle Initial) A. Ernest Wayne Powell		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2013
Mailing Address 104 Durrington Pl		Amount of Each Disbursement this Period 2899.00 Transaction ID : D394398
City Richmond	State VA Zip Code 23236	
Purpose of Disbursement reimbursement NGP invoices #844,750,808,724,563		Category/Type
Candidate Name Ernest Wayne Powell		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) past due bill	
State: VA District: 07		

Full Name (Last, First, Middle Initial) B. First Bank		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2013
Mailing Address 1500 W. Main St.		Amount of Each Disbursement this Period 347.25 Transaction ID : D394418
City Carbondale	State IL Zip Code 62901	
Purpose of Disbursement merchant fees		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) after election donat	
State: District:		

Full Name (Last, First, Middle Initial) c. First Bank		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2013
Mailing Address 1500 W. Main St.		Amount of Each Disbursement this Period 17.40 Transaction ID : D394420
City Carbondale	State IL Zip Code 62901	
Purpose of Disbursement merchant fees		Category/Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) after election donat	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	3263.65
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 43			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Powell for Congress

Full Name (Last, First, Middle Initial) A. First Bank		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2013
Mailing Address 1500 W. Main St.		Amount of Each Disbursement this Period 3.10 Transaction ID : D394422
City Carbondale	State IL	
Purpose of Disbursement merchant fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) after election donat	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. First Bank		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2013
Mailing Address 1500 W. Main St.		Amount of Each Disbursement this Period 23.35 Transaction ID : D416525
City Carbondale	State IL	
Purpose of Disbursement merchant fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) after election donat	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. First Bank		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2013
Mailing Address 1500 W. Main St.		Amount of Each Disbursement this Period 2.00 Transaction ID : D416526
City Carbondale	State IL	
Purpose of Disbursement merchant fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) after election donat	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	28.45
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 17 OF 43			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Powell for Congress

Full Name (Last, First, Middle Initial) A. First Bank		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2013
Mailing Address 1500 W. Main St.		Amount of Each Disbursement this Period 0.85 Transaction ID : D416527
City Carbondale	State IL	
Purpose of Disbursement merchant fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) after election donat	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. First Bank		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2013
Mailing Address 1500 W. Main St.		Amount of Each Disbursement this Period 22.85 Transaction ID : D416531
City Carbondale	State IL	
Purpose of Disbursement merchant fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) after election donat	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) c. First Bank		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2013
Mailing Address 1500 W. Main St.		Amount of Each Disbursement this Period 3.59 Transaction ID : D416532
City Carbondale	State IL	
Purpose of Disbursement merchant fees		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) after election donat	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....	27.29
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 43			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Powell for Congress

Full Name (Last, First, Middle Initial) A. Google, Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 04 / 2013
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 100.00 Transaction ID : D416524
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement campaign e-mails	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) monthly email paymen	
State: District:		

Full Name (Last, First, Middle Initial) B. Google, Inc.		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2013
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 100.00 Transaction ID : D416530
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement campaign e-mails	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) monthly email paymen	
State: District:		

Full Name (Last, First, Middle Initial) c. Google, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2013
Mailing Address 1600 Amphitheatre Parkway		Amount of Each Disbursement this Period 100.00 Transaction ID : D394410
City Mountain View	State CA Zip Code 94043	
Purpose of Disbursement campaign e-mails	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) monthly email paymen	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	300.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 43			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
Powell for Congress

Full Name (Last, First, Middle Initial) A. Monticello Media		Date of Disbursement M M / D D / Y Y Y Y 01 / 08 / 2013
Mailing Address 1150 Pepsi Pl		Amount of Each Disbursement this Period 960.50 Transaction ID : D394397
City Charlottesville	State VA	
Zip Code 22901-2865	Purpose of Disbursement media costs	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	State: District:	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Other (specify) final invoice paymen	

Full Name (Last, First, Middle Initial) B. Elizabeth Whissel Naylor		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2013
Mailing Address 101 North 5th Street, Apt. 715		Amount of Each Disbursement this Period 710.00 Transaction ID : D416520
City Richmond	State VA	
Zip Code 23219	Purpose of Disbursement consulting fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	State: District:	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Other (specify) post campaign 1/1-1/	

Full Name (Last, First, Middle Initial) c. Elizabeth Whissel Naylor		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2013
Mailing Address 101 North 5th Street, Apt. 715		Amount of Each Disbursement this Period 0.00 Transaction ID : D419910
City Richmond	State VA	
Zip Code 23219	Purpose of Disbursement salary 2/1 through 3/31	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	State: District:	
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input checked="" type="checkbox"/> Other (specify) post-election admin.	

SUBTOTAL of Disbursements This Page (optional).....	1670.50
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 20 OF 43		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Powell for Congress

Full Name (Last, First, Middle Initial) A. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2013
Mailing Address 1101 15th Street Northwest #500		Amount of Each Disbursement this Period 1500.00 Transaction ID : D416522
City Washington State DC Zip Code 20005	Purpose of Disbursement Compliance software	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) additional 6 months	
State: District:		

Full Name (Last, First, Middle Initial) B. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2013
Mailing Address 1101 15th Street Northwest #500		Amount of Each Disbursement this Period 1500.00 Transaction ID : D416519
City Washington State DC Zip Code 20005	Purpose of Disbursement FEC compliance software	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) 6 month contract	
State: District:		

Full Name (Last, First, Middle Initial) C. NGP VAN, Inc.		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2013
Mailing Address 1101 15th Street Northwest #500		Amount of Each Disbursement this Period 2899.75 Transaction ID : D416517
City Washington State DC Zip Code 20005	Purpose of Disbursement Accounting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) compliance work	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	5899.75
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 43		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Powell for Congress

Full Name (Last, First, Middle Initial) A. The Cultural Arts Center		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2013
Mailing Address 2880 Mountain Road		Amount of Each Disbursement this Period 1545.00 Transaction ID : D416518
City Glen Allen	State VA	
Zip Code 23060	Purpose of Disbursement Audio Visual rental	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	State: District:	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input checked="" type="checkbox"/> Other (specify) invoice payment 10-2		

Full Name (Last, First, Middle Initial) B. wells fargo		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2013
Mailing Address P. O. Box 6995		Amount of Each Disbursement this Period 20.00 Transaction ID : D416523
City Portland	State OR	
Zip Code 97228	Purpose of Disbursement monthly service fee	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	State: District:	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input checked="" type="checkbox"/> Other (specify) low minimum balance		

Full Name (Last, First, Middle Initial) C. wells fargo		Date of Disbursement M M / D D / Y Y Y Y 01 / 09 / 2013
Mailing Address P. O. Box 6995		Amount of Each Disbursement this Period 3.00 Transaction ID : D416521
City Portland	State OR	
Zip Code 97228	Purpose of Disbursement bank fees	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	State: District:	
<input type="checkbox"/> Primary <input type="checkbox"/> General		
<input checked="" type="checkbox"/> Other (specify) for reconciliation		

SUBTOTAL of Disbursements This Page (optional).....	1568.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 22 OF 43			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Powell for Congress

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. wells fargo		M M / D D / Y Y Y Y 02 / 08 / 2013	
Mailing Address P. O. Box 6995		Amount of Each Disbursement this Period	
City Portland State OR Zip Code 97228		3.00	
Purpose of Disbursement bank fees		Transaction ID : D416528	
Candidate Name		Category/Type	
Office Sought:	House Senate President	Disbursement For: 2012	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) for reconciliation	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. wells fargo		M M / D D / Y Y Y Y 02 / 28 / 2013	
Mailing Address P. O. Box 6995		Amount of Each Disbursement this Period	
City Portland State OR Zip Code 97228		20.00	
Purpose of Disbursement monthly service fee		Transaction ID : D416529	
Candidate Name		Category/Type	
Office Sought:	House Senate President	Disbursement For: 2012	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) low minimum balance	

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. wells fargo		M M / D D / Y Y Y Y 03 / 29 / 2013	
Mailing Address P. O. Box 6995		Amount of Each Disbursement this Period	
City Portland State OR Zip Code 97228		20.00	
Purpose of Disbursement monthly service fee		Transaction ID : D419911	
Candidate Name		Category/Type	
Office Sought:	House Senate President	Disbursement For: 2012	
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) campaign acct servc	

SUBTOTAL of Disbursements This Page (optional).....	43.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 23 OF 43		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
Powell for Congress

Full Name (Last, First, Middle Initial) A. wells fargo		Date of Disbursement M M / D D / Y Y Y Y 03 / 08 / 2013
Mailing Address P. O. Box 6995		Amount of Each Disbursement this Period 3.00
City Portland	State OR	
Zip Code 97228	Purpose of Disbursement bank fees	Transaction ID : D416533
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) for reconciliation	
State: District:		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
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:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	
Candidate Name	Category/ Type	
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:		

SUBTOTAL of Disbursements This Page (optional).....	3.00
TOTAL This Period (last page this line number only).....	12803.64

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Powell for Congress** Transaction ID : **L548**

LOAN SOURCE Full Name (Last, First, Middle Initial) *[PERSONAL FUNDS]* Election: 2012
Edward Hart RiceJr PERS FUNDS
 Primary
 General
 Other (specify) ▼

Mailing Address
2217 Halcyon Ln
 City State ZIP Code
 Vienna VA 22181-3042

Original Amount of Loan 2500.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 2500.00
------------------------------------	------------------------------------	--

TERMS
 Date Incurred: M 06 / D 20 / Y 2012
 Date Due: M / D / Y no due date
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 2500.00
TOTALS This Period (last page in this line only)..... ▶ []
 Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Powell for Congress

Transaction ID : L549

LOAN SOURCE Full Name (Last, First, Middle Initial)
Nancy Angland Rice PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
2217 Halcyon Ln

City State ZIP Code
Vienna VA 22181

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
2500.00 0.00 2500.00

TERMS

Date Incurred Date Due Interest Rate Secured:
06 / 26 / 2012 / no due date 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 2500.00

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Powell for Congress

Transaction ID : **L590**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Rachel A Rice PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
2217 Halcyon Lane

City State ZIP Code
Vienna VA 22181

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
2500.00	0.00	2500.00

TERMS

Date Incurred: M 08 / D 17 / Y 2012
 Date Due: M / D / Y no due date
 Interest Rate: none % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	2500.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Powell for Congress** Transaction ID : **L593**

LOAN SOURCE Full Name (Last, First, Middle Initial) Ernest Wayne Powell PERS FUNDS	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 104 Durrington Pl		

City	State	ZIP Code
Richmond	VA	23236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
85000.00	78100.00	6900.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
09 / 07 / 2012	none	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....	<input type="text" value="6900.00"/>
TOTALS This Period (last page in this line only).....	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **Powell for Congress** Transaction ID : **L620**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2012
Ernest Wayne Powell PERS FUNDS
 Primary
 General
 Other (specify) ▼

Mailing Address
104 Durrington Pl

City Richmond State VA ZIP Code 23236

Original Amount of Loan 1292.69	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1292.69
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TERMS

Date Incurred: M 03 / D 26 / Y 2011
 Date Due: M / D / Y none
 Interest Rate: 0.00 % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 1292.69

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Powell for Congress

Transaction ID : L624

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ernest Wayne Powell PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
104 Durrington Pl

City State ZIP Code
Richmond VA 23236

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
50000.00 18000.00 32000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y none % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... 32000.00

TOTALS This Period (last page in this line only).....

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Powell for Congress

Transaction ID : **L625**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ernest Wayne Powell PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
104 Durrington Pl

City State ZIP Code
Richmond VA 23236

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
10000.00 0.00 10000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 11 / D 19 / Y 2012 M M / D D / Y none % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 10000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Powell for Congress

Transaction ID : **L626**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ernest Wayne Powell PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
104 Durrington Pl

City State ZIP Code
Richmond VA 23236

Original Amount of Loan 160.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 160.00
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TERMS

Date Incurred: M 06 / D 05 / Y 2011
Date Due: M / D / Y none
Interest Rate: none % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 160.00

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Powell for Congress

Transaction ID : L627

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ernest Wayne Powell PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
104 Durrington Pl

City State ZIP Code
Richmond VA 23236

Original Amount of Loan 5507.92	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 5507.92
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TERMS

Date Incurred: M 08 / D 28 / Y 2011
Date Due: M / D / Y none
Interest Rate: none % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 5507.92
TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Powell for Congress

Transaction ID : **L628**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ernest Wayne Powell PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
104 Durrington Pl

City State ZIP Code
Richmond VA 23236

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
6198.43	0.00	6198.43

TERMS

Date Incurred: M 12 / D 04 / Y 2011
 Date Due: M / D / Y none
 Interest Rate: none % (apr)
 Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 6198.43

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Powell for Congress

Transaction ID : L631

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ernest Wayne Powell PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
104 Durrington Pl

City State ZIP Code
Richmond VA 23236

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
5000.00 0.00 5000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y none % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 5000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Powell for Congress

Transaction ID : **L634**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ernest Wayne Powell PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
104 Durrington Pl

City State ZIP Code
Richmond VA 23236

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
1000.00 0.00 1000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 02 / D 24 / Y 2012 M M / D D / Y none % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 1000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Powell for Congress

Transaction ID : **L635**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ernest Wayne Powell PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
104 Durrington Pl

City State ZIP Code
Richmond VA 23236

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
5000.00 0.00 5000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 01 / D 20 / Y 2012 M M / D D / Y none none % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 5000.00
TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Powell for Congress

Transaction ID : **L639**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ernest Wayne Powell PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
104 Durrington Pl

City State ZIP Code
Richmond VA 23236

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
50000.00 40000.00 10000.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M M / D D / Y Y Y Y M M / D D / Y Y Y Y none % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 10000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Powell for Congress

Transaction ID : **L640**

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ernest Wayne Powell PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
104 Durrington Pl

City State ZIP Code
Richmond VA 23236

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
2155.79 0.00 2155.79

TERMS

Date Incurred Date Due Interest Rate Secured:
M 03 / D 31 / Y 2012 M M / D D / Y none % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 2155.79

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Powell for Congress

Transaction ID : L641

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ernest Wayne Powell PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
104 Durrington Pl

City State ZIP Code
Richmond VA 23236

Original Amount of Loan 683.05	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 683.05
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TERMS

Date Incurred: M 04 / D 30 / Y 2012
Date Due: M M / D D / Y none
Interest Rate: none % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 683.05

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Powell for Congress

Transaction ID : L647

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ernest Wayne Powell PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
104 Durrington Pl

City State ZIP Code
Richmond VA 23236

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
2500.00 0.00 2500.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 01 / D 22 / Y 2013 M M / D D / Y none none % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 2500.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER: (check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Powell for Congress

Transaction ID : L648

LOAN SOURCE Full Name (Last, First, Middle Initial)
Ernest Wayne Powell PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
104 Durrington Pl

City State ZIP Code
Richmond VA 23236

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
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TERMS

Date Incurred: M 01 / D 28 / Y 2013
Date Due: M M / D D / Y none
Interest Rate: none % (apr)
Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶ 1000.00

TOTALS This Period (last page in this line only)..... ▶ []

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3) LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)
Powell for Congress

Transaction ID : L651

LOAN SOURCE Full Name (Last, First, Middle Initial)
Caroline S. Rock PERS FUNDS

[PERSONAL FUNDS]

Election: 2012

Primary
 General
 Other (specify) ▼

Mailing Address
P.O. Box 5252

City State ZIP Code
Glen Allen VA 23058

Original Amount of Loan Cumulative Payment To Date Balance Outstanding at Close of This Period
500.00 0.00 500.00

TERMS

Date Incurred Date Due Interest Rate Secured:
M 12 / D 15 / Y 2012 M M / D D / Y none % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶ 500.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

**SCHEDULE C (FEC Form 3)
LOANS**

NAME OF COMMITTEE (In Full) **Powell for Congress** Transaction ID : L652

LOAN SOURCE Full Name (Last, First, Middle Initial) Garner Anthony PERS FUNDS	[PERSONAL FUNDS]	Election: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address P.O. Box 947		

City	State	ZIP Code
Bonsall	CA	92003

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M 11 / D 19 / Y 2012 Y Y	M M / D D / Y none Y Y Y	none % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input style="width: 100%;" type="text"/>

SUBTOTALS This Period This Page (optional).....	<input style="width: 100%;" type="text" value="1000.00"/>
TOTALS This Period (last page in this line only).....	<input style="width: 100%;" type="text" value="98397.88"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.