

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines.
POWERPACPLUS

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER** **CITY** **STATE** **ZIP CODE**
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

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)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the: Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day **POST-Election** Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 Lisa Le

Signature of Treasurer Lisa Le [Electronically Filed] Date / /

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

POWERPACPLUS

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2014"/>	<input type="text" value="21303.87"/>	<input type="text" value="21303.87"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="18505.29"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="36759.00"/>	<input type="text" value="42062.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="55264.29"/>	<input type="text" value="63365.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="13173.16"/>	<input type="text" value="21274.74"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="42091.13"/>	<input type="text" value="42091.13"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="6530.26"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

Write or Type Committee Name

POWERPACPLUS

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	8170.00	9170.00
(ii) Unitemized	285.00	665.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8455.00	9835.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	300.00	300.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	8755.00	10135.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	28004.00	31927.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	36759.00	42062.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	36759.00	42062.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	54.51
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	54.51
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	4500.00	5500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	370.00	370.00
(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 28(a), (b), and (c)).....	370.00	370.00
29. Other Disbursements	8303.16	15350.23
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	13173.16	21274.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	13173.16	21274.74

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	8755.00	10135.00
34. Total Contribution Refunds (from Line 28(d))	370.00	370.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8385.00	9765.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	54.51
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	54.51

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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)
POWERPACPLUS

Full Name (Last, First, Middle Initial)
A. Stacey Abrams

Mailing Address 1912 Hosea L. Williams Dr. Unit 6

City Atlanta	State GA	Zip Code 30317
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FEC ID number of contributing federal political committee. **C**

Name of Employer Georgia General Assembly	Occupation Legislator
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 25 / 2014

Transaction ID : SA11AI.9820

Amount of Each Receipt this Period
50.00

Earmarked through ActBlue

Full Name (Last, First, Middle Initial)
B. Alicia Daly

Mailing Address 4326 Vermont Ave

City Alexandria	State VA	Zip Code 22304
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FEC ID number of contributing federal political committee. **C**

Name of Employer American Rights at Work	Occupation Director of Finance and Development
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **220.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
06 / 24 / 2014

Transaction ID : SA11AI.9818

Amount of Each Receipt this Period
20.00

Earmarked through ActBlue

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

Mailing Address 553 Arkansas St.

City San Francisco	State CA	Zip Code 94107
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FEC ID number of contributing federal political committee. **C**

Name of Employer Self-Employed	Occupation Attorney
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
05 / 06 / 2014

Transaction ID : SA11AI.9999

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional).....▶	1070.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

A. James Sandler
 Full Name (Last, First, Middle Initial)
 Mailing Address 185 Edgewood Ave.
 City San Francisco State CA Zip Code 94117
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Self-Employed Occupation Investor
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2014
Transaction ID : SA11AI.10000
 Amount of Each Receipt this Period
2000.00

B. Jeffrey Thomas
 Full Name (Last, First, Middle Initial)
 Mailing Address 60 Standish Street
 City Cambridge State MA Zip Code 02138
 FEC ID number of contributing federal political committee. **C**
 Name of Employer YouthBuild USA Occupation Policy Analyst
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 21 / 2014
Transaction ID : SA11AI.9813
 Amount of Each Receipt this Period
50.00
 Earmarked through ActBlue

C. Carol H Tolan
 Full Name (Last, First, Middle Initial)
 Mailing Address 150 Columbus Ave., PH1A
 City New York State NY Zip Code 10023
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Retired Occupation Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **8000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2014
Transaction ID : SA11AI.9811
 Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....▶	7050.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 26
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
POWERPACPLUS

A. Rachel Weinstein
Full Name (Last, First, Middle Initial)
Mailing Address 60 Standish Street
City Cambridge State MA Zip Code 02138
FEC ID number of contributing federal political committee. **C**
Name of Employer RBW Partners Occupation Consultant
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 21 / 2014
Transaction ID : SA11AI.9814
Amount of Each Receipt this Period 50.00
Earmarked through ActBlue

B.
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) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

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) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	50.00
TOTAL This Period (last page this line number only).....▶	8170.00

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

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

FOR LINE NUMBER: PAGE 9 OF 26
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

A. AFL-CIO Committee on Political Education
 Full Name (Last, First, Middle Initial)
 Mailing Address 815 Sixteenth St., NW
 City Washington State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C** C90011255
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 25 / 2014
Transaction ID : SA11C.9835
 Amount of Each Receipt this Period
 300.00

B.
 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) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

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) ▼
 Aggregate Year-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).....▶	300.00
TOTAL This Period (last page this line number only).....▶	300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

A. Stacey Abrams
Full Name (Last, First, Middle Initial)
Mailing Address 1912 Hosea L. Williams Dr. Unit 6

City Atlanta	State GA	Zip Code 30317
-----------------	-------------	-------------------

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

Name of Employer Georgia General Assembly	Occupation Legislator
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	25	/	2014

Transaction ID : SA17.9697

Amount of Each Receipt this Period
50.00

Non-contribution account. Earmarked through ActBlue

B. Helen Cagampang
Full Name (Last, First, Middle Initial)
Mailing Address 1015 Fresno Ave.

City Berkeley	State CA	Zip Code 94707
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Not Employed
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	04	/	2014

Transaction ID : SA17.9661

Amount of Each Receipt this Period
50.00

Non-contribution account. Earmarked through ActBlue

C. Helen Cagampang
Full Name (Last, First, Middle Initial)
Mailing Address 1015 Fresno Ave.

City Berkeley	State CA	Zip Code 94707
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FEC ID number of contributing federal political committee. **C**

Name of Employer None	Occupation Not Employed
--------------------------	----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2014

Transaction ID : SA17.9713

Amount of Each Receipt this Period
50.00

Non-contribution account. Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional).....▶	150.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

A. Keith B Corbett
 Full Name (Last, First, Middle Initial)
 Mailing Address 302 West Main Street
 City Durham State NC Zip Code 27701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center for Responsible Lending Occupation Exes Staff
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **215.00**

Date of Receipt **06 / 02 / 2014**
Transaction ID : SA17.9786
 Amount of Each Receipt this Period **75.00**
 Non-contribution account. Earmarked through Democracy Engine

B. Keith B Corbett
 Full Name (Last, First, Middle Initial)
 Mailing Address 302 West Main Street
 City Durham State NC Zip Code 27701
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Center for Responsible Lending Occupation Exes Staff
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **235.00**

Date of Receipt **06 / 03 / 2014**
Transaction ID : SA17.9707
 Amount of Each Receipt this Period **20.00**
 Non-contribution account. Earmarked through ActBlue

C. Victoria Lauterbach
 Full Name (Last, First, Middle Initial)
 Mailing Address 1860 N Scott ST Apt 536
 City Arlington State VA Zip Code 22209
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Cadwalader, Wickersham & Taft Occupation Attorney
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date **240.00**

Date of Receipt **05 / 12 / 2014**
Transaction ID : SA17.9741
 Amount of Each Receipt this Period **75.00**
 Non-contribution account. Earmarked through Democracy Engine

SUBTOTAL of Receipts This Page (optional).....	170.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

A. Victoria Lauterbach
Full Name (Last, First, Middle Initial)

Mailing Address 1860 N Scott ST Apt 536

City State Zip Code
Arlington VA 22209

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

Name of Employer Occupation
Cadwalader, Wickersham & Taft Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
265.00

Date of Receipt
MM / DD / YYYY
06 / 11 / 2014

Transaction ID : SA17.9722

Amount of Each Receipt this Period
25.00

Non-contribution account. Earmarked through ActBlue

B. Josie Mooney
Full Name (Last, First, Middle Initial)

Mailing Address 111 Sutter St., Suite 1000

City State Zip Code
San Francisco CA 94104

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

Name of Employer Occupation
Next Gen Climate Action Strategic Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
MM / DD / YYYY
05 / 20 / 2014

Transaction ID : SA17.9759

Amount of Each Receipt this Period
100.00

Non-contribution account. Earmarked through Democracy Engine

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

Mailing Address 111 Sutter St., Suite 1000

City State Zip Code
San Francisco CA 94104

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

Name of Employer Occupation
Next Gen Climate Action Strategic Advisor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
350.00

Date of Receipt
MM / DD / YYYY
05 / 27 / 2014

Transaction ID : SA17.9776

Amount of Each Receipt this Period
100.00

Non-contribution account. Earmarked through Democracy Engine

SUBTOTAL of Receipts This Page (optional).....▶	225.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 13 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

A. James Sandler
Full Name (Last, First, Middle Initial)

Mailing Address 185 Edgewood Ave.

City San Francisco State CA Zip Code 94117

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

Name of Employer Self-Employed Occupation Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
20000.00

Date of Receipt
06 / 18 / 2014
Transaction ID : SA17.9729

Amount of Each Receipt this Period
18000.00

Non-contribution account.

B. Justine Sarver
Full Name (Last, First, Middle Initial)

Mailing Address 1815 Adams Mill Rd #300

City Washington State DC Zip Code 20009

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

Name of Employer BISC Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt
06 / 23 / 2014
Transaction ID : SA17.10189

Amount of Each Receipt this Period
450.00

Non-contribution. Earmarked through Democracy Engine.

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

Mailing Address 60 Standish Street

City Cambridge State MA Zip Code 02138

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

Name of Employer YouthBuild USA Occupation Policy Analyst

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 21 / 2014
Transaction ID : SA17.9689

Amount of Each Receipt this Period
50.00

Non-contribution account. Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional).....	18500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 26
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

A. Carol H Tolan
Full Name (Last, First, Middle Initial)

Mailing Address 150 Columbus Ave., PH1A

City New York State NY Zip Code 10023

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

Name of Employer Retired Occupation Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 20 / 2014

Transaction ID : SA17.9668

Amount of Each Receipt this Period
3000.00

Noncontribution account.

B. Rachel Weinstein
Full Name (Last, First, Middle Initial)

Mailing Address 60 Standish Street

City Cambridge State MA Zip Code 02138

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

Name of Employer RBW Partners Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 21 / 2014

Transaction ID : SA17.9690

Amount of Each Receipt this Period
50.00

Non-contribution account. Earmarked through ActBlue

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) ▼

Aggregate Year-to-Date ▼

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	3050.00
TOTAL This Period (last page this line number only).....▶	22095.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. Bonnie Watson Coleman for Congress

Mailing Address 180 Upland Avenue

City Ewing State NJ Zip Code 08638

Purpose of Disbursement
Political Contribution

011

Candidate Name

Bonnie Watson Coleman

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NJ District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		07		2014

Transaction ID : SB23.9845

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. Mayor Pete Aguilar

Mailing Address P.O. Box 10954

City San Bernardino State CA Zip Code 92523

Purpose of Disbursement
Political Contribution

011

Candidate Name

Pete Aguilar

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: CA District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Transaction ID : SB23.9859

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Rep. Steven Horsford

Mailing Address 6100 Elton Ave., Suite 1000

City Las Vegas State NV Zip Code 89107

Purpose of Disbursement
Political Contribution

011

Candidate Name

Steven Horsford

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: NV District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		30		2014

Transaction ID : SB23.9856

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4500.00

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

4500.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. Josie Mooney

Mailing Address 111 Sutter St., Suite 1000

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Noncontribution account. Refund.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB28A.9959

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Josie Mooney

Mailing Address 111 Sutter St., Suite 1000

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Noncontribution account. Refund.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB28A.9961

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 04 / 07 / 2014
Mailing Address P.O. Box 382110		Transaction ID : SB29.9867
City Cambridge	State MA	
Purpose of Disbursement Noncontribution account. CC online fees.		Amount of Each Disbursement this Period
Candidate Name		29.46
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) B. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 04 / 11 / 2014
Mailing Address P.O. Box 382110		Transaction ID : SB29.9880
City Cambridge	State MA	
Purpose of Disbursement Noncontribution account. CC online fees.		Amount of Each Disbursement this Period
Candidate Name		10.72
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. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 04 / 21 / 2014
Mailing Address P.O. Box 382110		Transaction ID : SB29.9871
City Cambridge	State MA	
Purpose of Disbursement Noncontribution account. CC online fees.		Amount of Each Disbursement this Period
Candidate Name		6.52
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)..... ▶	46.70
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 25 / 2014

Transaction ID : SB29.9884

Amount of Each Disbursement this Period

3.96

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 02 / 2014

Transaction ID : SB29.9886

Amount of Each Disbursement this Period

12.46

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 08 / 2014

Transaction ID : SB29.9888

Amount of Each Disbursement this Period

8.75

SUBTOTAL of Disbursements This Page (optional)..... ▶

25.17

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 20 / 2014

Transaction ID : **SB29.9893**

Amount of Each Disbursement this Period

6.92

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 28 / 2014

Transaction ID : **SB29.9896**

Amount of Each Disbursement this Period

7.12

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2014

Transaction ID : **SB29.9899**

Amount of Each Disbursement this Period

12.07

SUBTOTAL of Disbursements This Page (optional)..... ▶

26.11

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 06 / 2014
Mailing Address P.O. Box 382110		Transaction ID : SB29.9903
City Cambridge	State MA	
Purpose of Disbursement Noncontribution account. CC online fees.		Amount of Each Disbursement this Period 3.17
Candidate Name		Category/ Type 001
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) B. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 18 / 2014
Mailing Address P.O. Box 382110		Transaction ID : SB29.9906
City Cambridge	State MA	
Purpose of Disbursement Noncontribution account. CC online fees.		Amount of Each Disbursement this Period 12.30
Candidate Name		Category/ Type 001
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. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 24 / 2014
Mailing Address P.O. Box 382110		Transaction ID : SB29.9908
City Cambridge	State MA	
Purpose of Disbursement Noncontribution account. CC online fees.		Amount of Each Disbursement this Period 4.15
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)..... ▶	19.62
TOTAL This Period (last page this line number only)..... ▶	

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. Friends for Flores

Mailing Address 420 N. Nellis Blvd. Suite A3-87

City Las Vegas State NV Zip Code 89110

Purpose of Disbursement
Noncontribution account. Political Contribution

Candidate Name
Lucy Flores

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Ms. Rebecca Thompson for State Representative District 1 MI

Mailing Address P.O. Box 241106

City Detroit State MI Zip Code 48224

Purpose of Disbursement
Noncontribution account. Political Contribution

Candidate Name
Rebecca Thompson

Office Sought: House Senate President
Disbursement For: 2014
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. PowerThru LLC

Mailing Address 3205 Lincoln St.

City Columbia State SC Zip Code 29201

Purpose of Disbursement
Noncontribution account. Website design fees.

Candidate Name

Office Sought: House Senate President
Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 13 / 2014

Transaction ID : SB29.9848

Amount of Each Disbursement this Period

1000.00

Date of Disbursement

MM / DD / YYYY
05 / 30 / 2014

Transaction ID : SB29.9853

Amount of Each Disbursement this Period

500.00

Date of Disbursement

MM / DD / YYYY
04 / 21 / 2014

Transaction ID : SB29.9863

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ▶

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. PowerThru LLC

Mailing Address 3205 Lincoln St.

City Columbia State SC Zip Code 29201

Purpose of Disbursement
Noncontribution account. Website design fees.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9864

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. PVL Accounting Services

Mailing Address 44 Montgomery St Suite 2310

City San Francisco State CA Zip Code 94107

Purpose of Disbursement
Noncontribution account. Accounting.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9862

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 23 OF 26
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
POWERPACPLUS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Marquita Campbell	Nature of Debt (Purpose): Noncontribution account. Notetaker
Mailing Address 11710 Old Georgetown Rd. Unit 1303	
City State Zip Code North Bethesda MD 20852	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.9982	
Amount Incurred This Period <input type="text" value="100.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="100.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Amy Chen	Nature of Debt (Purpose): Noncontribution account. Travel Expenses
Mailing Address 1807 Monroe St. NW	
City State Zip Code Washington DC 20010	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.9975	
Amount Incurred This Period <input type="text" value="84.83"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="84.83"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Linda Darling-Hammond	Nature of Debt (Purpose): Noncontribution account. Travel Expenses
Mailing Address 835 Pine Hill Rd.	
City State Zip Code Stanford CA 94305	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.9981	
Amount Incurred This Period <input type="text" value="436.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="436.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="620.83"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 24 OF 26
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
POWERPACPLUS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Integrated Digital Media	Nature of Debt (Purpose): Noncontribution account. Printing of Labels
Mailing Address 441 California St.	
City State Zip Code San Francisco CA 94104	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.9979	
Amount Incurred This Period 43.95	Payment This Period 0.00	Outstanding Balance at Close of This Period 43.95

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Integrated Digital Media	Nature of Debt (Purpose): Noncontribution account. Copying & Printing.
Mailing Address 441 California St.	
City State Zip Code San Francisco CA 94104	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.9980	
Amount Incurred This Period 75.78	Payment This Period 0.00	Outstanding Balance at Close of This Period 75.78

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor DeJuan Patterson	Nature of Debt (Purpose): Noncontribution account. Note taker #2
Mailing Address 9422 Trevino Terrace	
City State Zip Code Laurel MD 20708	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.9978	
Amount Incurred This Period 100.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.00

1) SUBTOTALS This Period This Page (optional)..... ▶	219.73
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 26
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
POWERPACPLUS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Peake DeLancey Printers	Nature of Debt (Purpose): Noncontribution account. Printing of booklets
Mailing Address 2500 Schuster Dr.	
City State Zip Code Cheverly MD 20781	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.9983	
Amount Incurred This Period 2493.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 2493.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor PowerPAC.org	Nature of Debt (Purpose): Noncontribution account. Monthly Database Online fee.
Mailing Address 44 Montgomery St., Suite 2310	
City State Zip Code San Francisco CA 94104	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.9984	
Amount Incurred This Period 249.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 249.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor PowerPAC.org	Nature of Debt (Purpose): Noncontribution account. Monthly database online fees.
Mailing Address 44 Montgomery St., Suite 2310	
City State Zip Code San Francisco CA 94104	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.9985	
Amount Incurred This Period 729.70	Payment This Period 0.00	Outstanding Balance at Close of This Period 729.70

1) SUBTOTALS This Period This Page (optional)..... ▶	3471.70
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 26 OF 26
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
POWERPACPLUS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor PowerThru LLC	Nature of Debt (Purpose): Noncontribution account. Monthly list building services
Mailing Address 3205 Lincoln St.	
City State Zip Code Columbia SC 29201	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.9986	
Amount Incurred This Period <input type="text" value="2000.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2000.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Andrew Wong	Nature of Debt (Purpose): Noncontribution account. Travel Expenses
Mailing Address 300 3rd St.	
City State Zip Code San Francisco CA 94107	

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>	Transaction ID : SD10.9976	
Amount Incurred This Period <input type="text" value="218.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="218.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="2218.00"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="6530.26"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="0.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="6530.26"/>