

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. 12FE4M5

Balance of Power PAC

ADDRESS (number and street) PO Box 4351-732

Check if different than previously reported. (ACC) Hollywood CA 90078

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00559765

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:
- | | | | |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) | |

Election on [MM] / [DD] / [YYYY] in the State of []

- (d) 30-Day POST-Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 01 / 01 / 2015 through [MM] / [DD] / [YYYY] 06 / 30 / 2015

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 Sam Deskin

Signature of Treasurer Sam Deskin [Electronically Filed] Date 07 / 08 / 2015

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									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Balance of Power PAC

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="2015"/>	<input type="text" value="1533.40"/>	<input type="text" value="1533.40"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1533.40"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="17392.28"/>	<input type="text" value="17392.28"/>
(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="18925.68"/>	<input type="text" value="18925.68"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8019.04"/>	<input type="text" value="8019.04"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="10906.64"/>	<input type="text" value="10906.64"/>
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="12957.46"/>	

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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Balance of Power PAC

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).....	3801.00	3801.00
(ii) Unitemized	13441.28	13441.28
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17242.28	17242.28
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	17242.28	17242.28
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).....	150.00	150.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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))..... ▶	17392.28	17392.28
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17392.28	17392.28

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	8019.04	8019.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	8019.04	8019.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
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)) ..	8019.04	8019.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8019.04	8019.04

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)	17242.28	17242.28
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	17242.28	17242.28
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	8019.04	8019.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	150.00	150.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7869.04	7869.04

**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 21
<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

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)
Balance of Power PAC

Full Name (Last, First, Middle Initial)
A. Molly Brown

Mailing Address 801 Johnson St

City Healdsburg State CA Zip Code 95448-3618

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

Name of Employer Healdsburg Unified School District/Gey Occupation substitute teacher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2015
Transaction ID : VNHWMDP5C01

Amount of Each Receipt this Period
201.00

Full Name (Last, First, Middle Initial)
B. Daniel Carucci

Mailing Address 3827 Massachusetts Ave NW

City Washington State DC Zip Code 20016-5102

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

Name of Employer Global Health Consulting, Inc Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 12 / 2015
Transaction ID : VNHWMDP4057

Amount of Each Receipt this Period
100.00

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

Mailing Address 3827 Massachusetts Ave NW

City Washington State DC Zip Code 20016-5102

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

Name of Employer Global Health Consulting, Inc Occupation President

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 10 / 2015
Transaction ID : VNHWMDQVKR0

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional).....	401.00
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 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Balance of Power PAC

A. Daniel Carucci
Full Name (Last, First, Middle Initial)

Mailing Address 3827 Massachusetts Ave NW

City Washington State DC Zip Code 20016-5102

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

Name of Employer Global Health Consulting, Inc Occupation President

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 / 07 / 2015

Transaction ID : VNHWMDWNPM7

Amount of Each Receipt this Period
100.00

B. Tamarah Castaneda
Full Name (Last, First, Middle Initial)

Mailing Address 1228 Agate St

City San Diego State CA Zip Code 92109-1221

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 ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 14 / 2015

Transaction ID : VNHWMDP5AJ8

Amount of Each Receipt this Period
500.00

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

Mailing Address 10460 47th Ave SW

City Seattle State WA Zip Code 98146-1045

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

Name of Employer Champion & Associates Occupation owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 04 / 13 / 2015

Transaction ID : VNHWMDP4BZ5

Amount of Each Receipt this Period
500.00

SUBTOTAL of Receipts This Page (optional).....▶	1100.00
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 8 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Balance of Power PAC

A. Terry Flannery
Full Name (Last, First, Middle Initial)
Mailing Address PO 339
City New Baltimore State NY Zip Code 12124
FEC ID number of contributing federal political committee. **C**
Name of Employer Anthem, Inc. Occupation Medical Director
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **1000.00**

Date of Receipt **04 / 12 / 2015**
Transaction ID : VNHWMDP42A0
Amount of Each Receipt this Period **1000.00**

B. Susanne Schwarzer
Full Name (Last, First, Middle Initial)
Mailing Address 4064 Cesar Chavez St
City San Francisco State CA Zip Code 94131-1919
FEC ID number of contributing federal political committee. **C**
Name of Employer City College of San Francisco Occupation Professor
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **500.00**

Date of Receipt **04 / 12 / 2015**
Transaction ID : VNHWMDP3YJ5
Amount of Each Receipt this Period **500.00**

C. Patrick White
Full Name (Last, First, Middle Initial)
Mailing Address 3422 N Bosworth Ave Unit 1
City Chicago State IL Zip Code 60657
FEC ID number of contributing federal political committee. **C**
Name of Employer Darwill Occupation Account Executive
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **100.00**

Date of Receipt **04 / 10 / 2015**
Transaction ID : VNHWMDP3HF2
Amount of Each Receipt this Period **100.00**

SUBTOTAL of Receipts This Page (optional)..... **1600.00**
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 9 OF 21
<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)
Balance of Power PAC

A. Patrick White
Full Name (Last, First, Middle Initial)
Mailing Address 3422 N Bosworth Ave
Unit 1
City Chicago State IL Zip Code 60657
FEC ID number of contributing federal political committee. **C**
Name of Employer Darwill Occupation Account Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 200.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 24 / 2015
Transaction ID : VNHWMDPEF07
Amount of Each Receipt this Period
100.00

B. Patrick White
Full Name (Last, First, Middle Initial)
Mailing Address 3422 N Bosworth Ave
Unit 1
City Chicago State IL Zip Code 60657
FEC ID number of contributing federal political committee. **C**
Name of Employer Darwill Occupation Account Executive
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
05 / 08 / 2015
Transaction ID : VNHWMDQT374
Amount of Each Receipt this Period
100.00

C. Patrick White
Full Name (Last, First, Middle Initial)
Mailing Address 3422 N Bosworth Ave
Unit 1
City Chicago State IL Zip Code 60657
FEC ID number of contributing federal political committee. **C**
Name of Employer Darwill Occupation Account Executive
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 400.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 22 / 2015
Transaction ID : VNHWMDR4VV0
Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00
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 10 OF 21
(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)
Balance of Power PAC

Full Name (Last, First, Middle Initial)
A. Patrick White

Mailing Address 3422 N Bosworth Ave
Unit 1

City Chicago State IL Zip Code 60657

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

Name of Employer Darwill Occupation Account Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
06 / 05 / 2015
Transaction ID : **VNHWMDWN3N4**

Amount of Each Receipt this Period
100.00

Full Name (Last, First, Middle Initial)
B. Wes Witcher

Mailing Address 150 Jackson St
Apt 1

City Brooklyn State NY Zip Code 11211-2480

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

Name of Employer Not working Occupation Designer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
04 / 12 / 2015
Transaction ID : **VNHWMDP3T63**

Amount of Each Receipt this Period
300.00

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

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).....▶	400.00
TOTAL This Period (last page this line number only).....▶	3801.00

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Balance of Power PAC

Full Name (Last, First, Middle Initial)

A. Direct Connect

Mailing Address 3901 Centerview Dr
Ste W

City Chantilly State VA Zip Code 20151-3229

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
01 / 05 / 2015

Transaction ID : VNGXC9ZAST0

Amount of Each Disbursement this Period

3.43

Category/
Type

Full Name (Last, First, Middle Initial)

B. Direct Connect

Mailing Address 3901 Centerview Dr
Ste W

City Chantilly State VA Zip Code 20151-3229

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
02 / 02 / 2015

Transaction ID : VNGXC9ZASV8

Amount of Each Disbursement this Period

8.92

Category/
Type

Full Name (Last, First, Middle Initial)

C. Direct Connect

Mailing Address 3901 Centerview Dr
Ste W

City Chantilly State VA Zip Code 20151-3229

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
03 / 02 / 2015

Transaction ID : VNGXC9ZASW6

Amount of Each Disbursement this Period

3.43

Category/
Type

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

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

15.78

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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Balance of Power PAC

Full Name (Last, First, Middle Initial)

A. Direct Connect

Mailing Address 3901 Centerview Dr
Ste W

City Chantilly State VA Zip Code 20151-3229

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2015

Transaction ID : VNGXC9ZASX4

Amount of Each Disbursement this Period

5.50

Full Name (Last, First, Middle Initial)

B. Direct Connect

Mailing Address 3901 Centerview Dr
Ste W

City Chantilly State VA Zip Code 20151-3229

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2015

Transaction ID : VNGXC9ZASY2

Amount of Each Disbursement this Period

714.15

Full Name (Last, First, Middle Initial)

C. Direct Connect

Mailing Address 3901 Centerview Dr
Ste W

City Chantilly State VA Zip Code 20151-3229

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2015

Transaction ID : VNGXC9ZAT31

Amount of Each Disbursement this Period

67.51

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

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

787.16

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Balance of Power PAC

Full Name (Last, First, Middle Initial)

A. Facebook.com

Mailing Address 1601 Willow Rd

City Menlo Park State CA Zip Code 94025-1452

Purpose of Disbursement
Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 13 / 2015

Transaction ID : VNGXC9ZATE8

Amount of Each Disbursement this Period

250.45

Category/
Type

Full Name (Last, First, Middle Initial)

B. Facebook.com

Mailing Address 1601 Willow Rd

City Menlo Park State CA Zip Code 94025-1452

Purpose of Disbursement
Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 17 / 2015

Transaction ID : VNGXC9ZATF6

Amount of Each Disbursement this Period

25.01

Category/
Type

Full Name (Last, First, Middle Initial)

C. Facebook.com

Mailing Address 1601 Willow Rd

City Menlo Park State CA Zip Code 94025-1452

Purpose of Disbursement
Advertising

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 01 / 2015

Transaction ID : VNGXC9ZATM6

Amount of Each Disbursement this Period

2.72

Category/
Type

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

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

278.18

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
Balance of Power PAC

Full Name (Last, First, Middle Initial)

A. Killer Infographics

Mailing Address PO Box 31117

City State Zip Code
Seattle WA 98103-1117

Purpose of Disbursement
Social Media Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
05 / 15 / 2015

Transaction ID : VNGXC9ZAV00

Amount of Each Disbursement this Period

600.00

Full Name (Last, First, Middle Initial)

B. Brandon Ley

Mailing Address 2524 Willow Glen Dr

City State Zip Code
Baltimore MD 21209-3135

Purpose of Disbursement
Social Media Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 15 / 2015

Transaction ID : VNGXC9ZATT3

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. NGP Van, Inc.

Mailing Address 1101 15th St NW
Ste 500

City State Zip Code
Washington DC 20005-5006

Purpose of Disbursement
Computer support

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 02 / 2015

Transaction ID : VNGXC9ZASM3

Amount of Each Disbursement this Period

160.00

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

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

5760.00

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Balance of Power PAC

Full Name (Last, First, Middle Initial)

A. NGP Van, Inc.

Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Computer support

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
02 / 02 / 2015

Transaction ID : VNGXC9ZASN1

Amount of Each Disbursement this Period

160.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. NGP Van, Inc.

Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Computer support

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 02 / 2015

Transaction ID : VNGXC9ZASP9

Amount of Each Disbursement this Period

160.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. NGP Van, Inc.

Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Computer support

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 02 / 2015

Transaction ID : VNGXC9ZASQ6

Amount of Each Disbursement this Period

160.00

Category/
Type

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

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

480.00

**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 checked="" 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 type="checkbox"/> 29	<input type="checkbox"/> 30b

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)
Balance of Power PAC

Full Name (Last, First, Middle Initial)

A. NGP Van, Inc.

Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Computer support

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 04 / 2015

Transaction ID : VNGXC9ZASR4

Amount of Each Disbursement this Period

210.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. NGP Van, Inc.

Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Computer support

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2015

Transaction ID : VNGXC9ZASS2

Amount of Each Disbursement this Period

210.00

Category/
Type

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) ▼

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Category/
Type

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

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

420.00

7741.12

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) Balance of Power PAC	Transaction ID : VNHWMCMYB87L
--	--------------------------------------

LOAN SOURCE Full Name (Last, First, Middle Initial) Samuel Deskin	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 16944 Ventura Blvd Ofc	
City Encino State CA ZIP Code 91316	

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

TERMS

Date Incurred MM / DD / YYYY 03 / 01 / 2014	Date Due MM / DD / YYYY none	Interest Rate none % (apr)	Secured: <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: []
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 3X)

LOANS

NAME OF COMMITTEE (In Full) **Balance of Power PAC** Transaction ID : **VNHWMCMYCD9L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Samuel Deskin	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 16944 Ventura Blvd Ofc	
City Encino State CA ZIP Code 91316	

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
100.00	0.00	100.00

TERMS

Date Incurred: M M / D D / Y Y Y Y Y Y

Date Due: M M / D D / Y Y Y Y Y Y

Interest Rate: % (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: <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="100.00"/>
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 3X)

LOANS

NAME OF COMMITTEE (In Full) Balance of Power PAC	Transaction ID : VNHWCMYCE7L
--	-------------------------------------

LOAN SOURCE Full Name (Last, First, Middle Initial) Samuel Deskin	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 16944 Ventura Blvd Ofc	
City Encino State CA ZIP Code 91316	

Original Amount of Loan <input type="text" value="1000.00"/>	Cumulative Payment To Date <input type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input type="text" value="1000.00"/>
---	---	---

TERMS

Date Incurred MM / DD / YYYY 03 / 01 / 2014	Date Due MM / DD / YYYY none	Interest Rate <input type="text" value="none"/> % (apr)	Secured: <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="1000.00"/>
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 3X)

LOANS

NAME OF COMMITTEE (In Full) Balance of Power PAC	Transaction ID : VNHWMCMYCF5L
--	--------------------------------------

LOAN SOURCE Full Name (Last, First, Middle Initial) Samuel Deskin	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 16944 Ventura Blvd Ofc	
City Encino State CA ZIP Code 91316	

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

TERMS

Date Incurred MM / DD / YYYY 03 / 01 / 2014	Date Due MM / DD / YYYY none	Interest Rate none % (apr)	Secured: <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: []
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).....▶	3100.00

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

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 21 OF 21
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Balance of Power PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Samuel Deskin		Nature of Debt (Purpose): Domain Names, Consulting Fees, Web Development Fees
Mailing Address 16944 Ventura Blvd Ofc		
City Encino	State CA	Zip Code 91316

Outstanding Balance Beginning This Period <input type="text" value="0.00"/>		Transaction ID : VNEYW9HAZE1	
Amount Incurred This Period <input type="text" value="9857.46"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="9857.46"/>	

B. 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"/>	

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="9857.46"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="9857.46"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="3100.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="12957.46"/>