

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) 268 Bush Street Unit4409 San Francisco CA 94104

2. FEC IDENTIFICATION NUMBER C00516500 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: (b) Monthly Report Due On: (c) 12-Day PRE-Election Report for the: (d) 30-Day POST-Election Report for the:

5. Covering Period 07 01 2014 through 09 30 2014

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 10 14 2014

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

Office Use Only FEC FORM 3X Rev. 12/2004

**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"/>		21303.87
(b) Cash on Hand at Beginning of Reporting Period.....	42091.13	
(c) Total Receipts (from Line 19) .....	14844.00	56906.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	56935.13	78209.87
7. Total Disbursements (from Line 31).....	29209.03	50483.77
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	27726.10	27726.10
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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).....	735.00	9905.00
(ii) Unitemized .....	1563.00	2228.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2298.00	12133.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	300.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	2298.00	12433.00
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.).....	12546.00	44473.00
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))..... ▶	14844.00	56906.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	14844.00	56906.00

**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 .....	78.21	132.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	78.21	132.72
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	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 .....	0.00	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)).....	0.00	370.00
29. Other Disbursements .....	29130.82	44481.05
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)) ..	29209.03	50483.77
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29209.03	50483.77

**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) .....	2298.00	12433.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	370.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2298.00	12063.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	78.21	132.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	78.21	132.72

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)  
**POWERPACPLUS**

Full Name (Last, First, Middle Initial) <b>A. Stacey Abrams</b>		Date of Receipt
Mailing Address 1912 Hosea L. Williams Dr. Unit 6		<input type="text" value="07"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
Atlanta	GA	30317
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.10032</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Georgia General Assembly	Legislator	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Earmarked through ActBlue.
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="350.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. Stacey Abrams</b>		Date of Receipt
Mailing Address 1912 Hosea L. Williams Dr. Unit 6		<input type="text" value="08"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
Atlanta	GA	30317
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.10072</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Georgia General Assembly	Legislator	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Earmarked through ActBlue.
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="400.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. Stacey Abrams</b>		Date of Receipt
Mailing Address 1912 Hosea L. Williams Dr. Unit 6		<input type="text" value="09"/> / <input type="text" value="25"/> / <input type="text" value="2014"/>
City	State	Zip Code
Atlanta	GA	30317
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.10273</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
Georgia General Assembly	Legislator	<input type="text" value="50.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Earmarked through ActBlue.
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="450.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="150.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 7 OF 35  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**POWERPACPLUS**

Full Name (Last, First, Middle Initial)  
**A. ActBlue**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238-2110

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  
 07 / 03 / 2014  
**Transaction ID : SA11AI.10306**

Amount of Each Receipt this Period  
 544.91

Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. ActBlue**

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238-2110

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  
 07 / 10 / 2014  
**Transaction ID : SA11AI.10314**

Amount of Each Receipt this Period  
 433.15

Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

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

Mailing Address P.O. Box 382110

City State Zip Code  
Cambridge MA 02238-2110

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  
 07 / 18 / 2014  
**Transaction ID : SA11AI.10309**

Amount of Each Receipt this Period  
 115.26

Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00

**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 35
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**POWERPACPLUS**

Full Name (Last, First, Middle Initial) <b>A. ActBlue</b>		Date of Receipt
Mailing Address P.O. Box 382110		<input type="text" value="08"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Cambridge	MA	02238-2110
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.10310</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="369.77"/>
Receipt For:	Aggregate Year-to-Date ▼	Total earmarked through conduit; PAC limit not affected.
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	<b>[MEMO ITEM]</b>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ActBlue</b>		Date of Receipt
Mailing Address P.O. Box 382110		<input type="text" value="08"/> / <input type="text" value="07"/> / <input type="text" value="2014"/>
City	State	Zip Code
Cambridge	MA	02238-2110
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.10315</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="105.65"/>
Receipt For:	Aggregate Year-to-Date ▼	Total earmarked through conduit; PAC limit not affected.
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	<b>[MEMO ITEM]</b>
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. ActBlue</b>		Date of Receipt
Mailing Address P.O. Box 382110		<input type="text" value="08"/> / <input type="text" value="22"/> / <input type="text" value="2014"/>
City	State	Zip Code
Cambridge	MA	02238-2110
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID : <b>SA11AI.10324</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="293.90"/>
Receipt For:	Aggregate Year-to-Date ▼	Total earmarked through conduit; PAC limit not affected.
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text"/>	<b>[MEMO ITEM]</b>
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="0.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text"/>



**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 35
	<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)  
**POWERPACPLUS**

Full Name (Last, First, Middle Initial)  
**A. ActBlue**

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238-2110

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  
 09 / 03 / 2014  
**Transaction ID : SA11AI.10323**

Amount of Each Receipt this Period  
 230.51

Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. ActBlue**

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238-2110

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  
 09 / 05 / 2014  
**Transaction ID : SA11AI.10321**

Amount of Each Receipt this Period  
 105.64

Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**c. Helen Cagampang**

Mailing Address 1015 Fresno Ave.

City Berkeley State CA Zip Code 94707

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

Name of Employer Occupation  
 None Not Employed

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 04 / 2014  
**Transaction ID : SA11AI.10009**

Amount of Each Receipt this Period  
 50.00

Earmarked through ActBlue.

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 50.00

**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 10 OF 35
<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. Helen Cagampang**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1015 Fresno Ave.  
City Berkeley State CA Zip Code 94707  
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 **400.00**

Date of Receipt **08 / 04 / 2014**  
**Transaction ID : SA11AI.10047**  
Amount of Each Receipt this Period **50.00**  
Earmarked through ActBlue.

**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 **255.00**

Date of Receipt **07 / 03 / 2014**  
**Transaction ID : SA11AI.10005**  
Amount of Each Receipt this Period **20.00**  
Earmarked through ActBlue.

**C. 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 **275.00**

Date of Receipt **08 / 03 / 2014**  
**Transaction ID : SA11AI.10043**  
Amount of Each Receipt this Period **20.00**  
Earmarked through ActBlue.

**SUBTOTAL** of Receipts This Page (optional)..... **90.00**  
**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 35
	<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. 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 **295.00**

Date of Receipt **09 / 03 / 2014**  
**Transaction ID : SA11AI.10234**  
 Amount of Each Receipt this Period **20.00**  
 Earmarked through ActBlue.

**B. Alicia Daly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4326 Vermont Ave  
 City Alexandria State VA Zip Code 22304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Rights at Work Occupation Director of Finance and Development  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **240.00**

Date of Receipt **07 / 24 / 2014**  
**Transaction ID : SA11AI.10030**  
 Amount of Each Receipt this Period **20.00**  
 Earmarked through ActBlue.

**C. Alicia Daly**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4326 Vermont Ave  
 City Alexandria State VA Zip Code 22304  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer American Rights at Work Occupation Director of Finance and Development  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **260.00**

Date of Receipt **08 / 24 / 2014**  
**Transaction ID : SA11AI.10070**  
 Amount of Each Receipt this Period **20.00**  
 Earmarked through ActBlue.

**SUBTOTAL** of Receipts This Page (optional)..... **60.00**  
**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 35
	<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. Alicia Daly**  
Full Name (Last, First, Middle Initial)  
Mailing Address 4326 Vermont Ave  
City Alexandria State VA Zip Code 22304  
FEC ID number of contributing federal political committee. **C**  
Name of Employer American Rights at Work Occupation Director of Finance and Development  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 280.00

Date of Receipt 09 / 24 / 2014  
**Transaction ID : SA11AI.10271**  
Amount of Each Receipt this Period 20.00  
Earmarked through ActBlue.

**B. Dina Shek**  
Full Name (Last, First, Middle Initial)  
Mailing Address 737 Olokele Avenue, #803  
City Honolulu State HI Zip Code 96816  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Hawaii Law Schoo Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 260.00

Date of Receipt 08 / 22 / 2014  
**Transaction ID : SA11AI.10066**  
Amount of Each Receipt this Period 20.00  
Earmarked through ActBlue.

**C. Dina Shek**  
Full Name (Last, First, Middle Initial)  
Mailing Address 737 Olokele Avenue, #803  
City Honolulu State HI Zip Code 96816  
FEC ID number of contributing federal political committee. **C**  
Name of Employer University of Hawaii Law Schoo Occupation Attorney  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 280.00

Date of Receipt 09 / 22 / 2014  
**Transaction ID : SA11AI.10268**  
Amount of Each Receipt this Period 20.00  
Earmarked through ActBlue.

**SUBTOTAL** of Receipts This Page (optional).....▶ 60.00  
**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 35
	<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**

**A. 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 ▼  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 21 / 2014  
**Transaction ID : SA11AI.10024**

Amount of Each Receipt this Period  
50.00

Earmarked through ActBlue.

**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 ▼  
400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 21 / 2014  
**Transaction ID : SA11AI.10064**

Amount of Each Receipt this Period  
50.00

Earmarked through ActBlue.

**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 ▼  
450.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 21 / 2014  
**Transaction ID : SA11AI.10255**

Amount of Each Receipt this Period  
50.00

Earmarked through ActBlue.

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 14 OF 35  
(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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**POWERPACPLUS**

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

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 ▼  
350.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	21	/	2014

**Transaction ID : SA11AI.10023**

Amount of Each Receipt this Period  
50.00

Earmarked through ActBlue.

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

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 ▼  
400.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	21	/	2014

**Transaction ID : SA11AI.10065**

Amount of Each Receipt this Period  
50.00

Earmarked through ActBlue.

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

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 ▼  
450.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	21	/	2014

**Transaction ID : SA11AI.10256**

Amount of Each Receipt this Period  
50.00

Earmarked through ActBlue.

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	150.00
<b>TOTAL</b> 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 15 OF 35  
(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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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. Crystal Zermeno**

Mailing Address 2894 Delaware St.

City Oakland	State CA	Zip Code 94602
-----------------	-------------	-------------------

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

Name of Employer Texas Organizing Project	Occupation Organizer
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
09	/	18	/	2014

**Transaction ID : SA11Al.10254**

Amount of Each Receipt this Period  
25.00

Earmarked through ActBlue.

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

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

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  

M M	/	D D	/	Y Y Y Y
-----	---	-----	---	---------

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25.00
<b>TOTAL</b> This Period (last page this line number only).....▶	735.00

**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 16 OF 35
<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. Patricia Bauman**  
Full Name (Last, First, Middle Initial)

Mailing Address 2358 Massachusetts Ave.

City Washington State DC Zip Code 20008

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

Name of Employer Bauman Foundation Occupation Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 03 / 2014

**Transaction ID : SA17.10039**

Amount of Each Receipt this Period  
5000.00

Non-contribution account. Earmarked through Democracy Engine

**B. Democracy Engine, LLC**  
Full Name (Last, First, Middle Initial)

Mailing Address 850 Quincy St., NW# 402

City Washington State DC Zip Code 20011

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  
 07 / 03 / 2014

**Transaction ID : SA17.10333**

Amount of Each Receipt this Period  
1009.25

Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

**C. Democracy Engine, LLC**  
Full Name (Last, First, Middle Initial)

Mailing Address 850 Quincy St., NW# 402

City Washington State DC Zip Code 20011

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  
 07 / 10 / 2014

**Transaction ID : SA17.10334**

Amount of Each Receipt this Period  
4812.30

Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> 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 17 OF 35
<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

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**

**A. Democracy Engine, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 850 Quincy St., NW# 402

City Washington	State DC	Zip Code 20011
--------------------	-------------	-------------------

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  
 08 / 21 / 2014  
**Transaction ID : SA17.10335**

Amount of Each Receipt this Period  
 1597.46

Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

**B. Democracy Engine, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 850 Quincy St., NW# 402

City Washington	State DC	Zip Code 20011
--------------------	-------------	-------------------

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  
 08 / 28 / 2014  
**Transaction ID : SA17.10336**

Amount of Each Receipt this Period  
 5276.19

Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

**C. Democracy Engine, LLC**

Full Name (Last, First, Middle Initial)  
Mailing Address 850 Quincy St., NW# 402

City Washington	State DC	Zip Code 20011
--------------------	-------------	-------------------

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  
 09 / 04 / 2014  
**Transaction ID : SA17.10337**

Amount of Each Receipt this Period  
 368.81

Total earmarked through conduit; PAC limit not affected.

**[MEMO ITEM]**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> 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 18 OF 35
<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. Democracy Engine, LLC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 850 Quincy St., NW# 402  
 City Washington State DC Zip Code 20011  
 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  
 09 / 25 / 2014  
**Transaction ID : SA17.10338**  
 Amount of Each Receipt this Period  
 9.43  
 Total earmarked through conduit; PAC limit not affected.  
**[MEMO ITEM]**

**B. Phuong Le**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 300 3rd St  
 City San Francisco State CA Zip Code 94107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation self-employed CPA  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 08 / 15 / 2014  
**Transaction ID : SA17.10116**  
 Amount of Each Receipt this Period  
 50.00  
 Non-contribution account. Earmarked through Democracy Engine

**c. Steve Phillips**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 553 Arkansas St.  
 City San Francisco State CA Zip Code 94107  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Self-Employed Attorney  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼

Date of Receipt  
 08 / 20 / 2014  
**Transaction ID : SA17.10161**  
 Amount of Each Receipt this Period  
 5000.00  
 Non-contribution account. Earmarked through Democracy Engine

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5050.00
<b>TOTAL</b> 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 19 OF 35
<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**

Full Name (Last, First, Middle Initial)  
**A. Dina Shek**

Mailing Address 737 Olokele Avenue, #803

City Honolulu	State HI	Zip Code 96816
------------------	-------------	-------------------

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

Name of Employer University of Hawaii Law Schoo	Occupation Attorney
--	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
240.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	18	/	2014

**Transaction ID : SA17.10147**

Amount of Each Receipt this Period  
100.00

Non-contribution account. Earmarked through Democracy Engine

Full Name (Last, First, Middle Initial)  
**B. Carla Wallace**

Mailing Address 120 N Jane St.

City Louisville	State KY	Zip Code 40206
--------------------	-------------	-------------------

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

Name of Employer Wallace Farm LLC	Occupation Community Organizer
--------------------------------------	-----------------------------------

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
08	/	15	/	2014

**Transaction ID : SA17.10112**

Amount of Each Receipt this Period  
250.00

Non-contribution account. Earmarked through Democracy Engine

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  

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	350.00
<b>TOTAL</b> This Period (last page this line number only).....	10400.00

**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)  
**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  
CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 03 / 2014

Transaction ID : SB21B.10210

Amount of Each Disbursement this Period

10.09

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  
CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 10 / 2014

Transaction ID : SB21B.10211

Amount of Each Disbursement this Period

8.32

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  
CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
07 / 10 / 2014

Transaction ID : SB21B.10212

Amount of Each Disbursement this Period

9.53

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

27.94

**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 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)  
**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  
CC online fees.

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.10220**

Amount of Each Disbursement this Period

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  
CC online fees.

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.10213**

Amount of Each Disbursement this Period

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  
CC online fees.

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB21B.10216**

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 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)  
**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  
CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2014

Transaction ID : SB21B.10217

Amount of Each Disbursement this Period

4.35

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  
CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2014

Transaction ID : SB21B.10218

Amount of Each Disbursement this Period

7.95

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  
CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2014

Transaction ID : SB21B.10219

Amount of Each Disbursement this Period

4.15

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

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

16.45

**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)  
**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  
CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 03 / 2014

**Transaction ID : SB21B.10303**

Amount of Each Disbursement this Period

9.49

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  
CC online fees.

001

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2014

**Transaction ID : SB21B.10304**

Amount of Each Disbursement this Period

4.36

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

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

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

13.85

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

78.21

**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. Aimee Allison**

Mailing Address 547 Jean St.

City State Zip Code  
Oakland CA 94610

Purpose of Disbursement  
Noncontribution account. Travel Expenses

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**002**  
Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 04 / 2014

**Transaction ID : SB29.10279**

Amount of Each Disbursement this Period

105.75

Full Name (Last, First, Middle Initial)

**B. Chambers Lopez Strategies**

Mailing Address P.O. Box 5539

City State Zip Code  
Arlington VA 22205

Purpose of Disbursement  
Non-contribution account. Media Strategy Consulting.

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 25 / 2014

**Transaction ID : SB29.10296**

Amount of Each Disbursement this Period

6700.00

Full Name (Last, First, Middle Initial)

**C. Linda Darling-Hammond**

Mailing Address 835 Pine Hill Rd.

City State Zip Code  
Stanford CA 94305

Purpose of Disbursement  
Noncontribution account. Travel Expenses

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**002**  
Category/  
Type

Date of Disbursement

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

**Transaction ID : SB29.10262**

Amount of Each Disbursement this Period

436.00

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

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

7241.75



**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. Democracy Engine, LLC**

Mailing Address 850 Quincy St., NW# 402

City Washington State DC Zip Code 20011

Purpose of Disbursement  
Noncontribution account. CC processing fee.

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.10222**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Democracy Engine, LLC**

Mailing Address 850 Quincy St., NW# 402

City Washington State DC Zip Code 20011

Purpose of Disbursement  
Noncontribution account. CC processing fee.

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.10223**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Democracy Engine, LLC**

Mailing Address 850 Quincy St., NW# 402

City Washington State DC Zip Code 20011

Purpose of Disbursement  
Noncontribution account. CC processing fee.

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.10224**

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. Democracy Engine, LLC**

Mailing Address 850 Quincy St., NW# 402

City Washington State DC Zip Code 20011

Purpose of Disbursement  
Noncontribution account. CC processing fee.

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	1		2	0	1	4

**Transaction ID : SB29.10226**

Amount of Each Disbursement this Period

6	3	.	9	7
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. Democracy Engine, LLC**

Mailing Address 850 Quincy St., NW# 402

City Washington State DC Zip Code 20011

Purpose of Disbursement  
Noncontribution account. CC processing fee.

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	4

**Transaction ID : SB29.10225**

Amount of Each Disbursement this Period

0	.	9	5
---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Democracy Engine, LLC**

Mailing Address 850 Quincy St., NW# 402

City Washington State DC Zip Code 20011

Purpose of Disbursement  
Noncontribution account. CC processing fee.

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		2	8		2	0	1	4

**Transaction ID : SB29.10227**

Amount of Each Disbursement this Period

2	0	7	.	8	6
---	---	---	---	---	---

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

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

2	7	2	.	7	8
---	---	---	---	---	---

2	7	2	.	7	8
---	---	---	---	---	---

**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. Democracy Engine, LLC**

Mailing Address 850 Quincy St., NW# 402

City Washington State DC Zip Code 20011

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

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : SB29.10300**

Amount of Each Disbursement this Period

6.21

Full Name (Last, First, Middle Initial)

**B. Democracy Engine, LLC**

Mailing Address 850 Quincy St., NW# 402

City Washington State DC Zip Code 20011

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

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : SB29.10332**

Amount of Each Disbursement this Period

9.98

Full Name (Last, First, Middle Initial)

**C. Democracy Engine, LLC**

Mailing Address 850 Quincy St., NW# 402

City Washington State DC Zip Code 20011

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

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : SB29.10301**

Amount of Each Disbursement this Period

0.57

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

16.76

**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. Honorable Leticia Van de Putte**

Mailing Address P.O. Box 8490

City San Antonio State TX Zip Code 78208

Purpose of Disbursement  
Non contribution account. Candidate Contribution.

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.10291**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Joe Neguse for Colorado**

Mailing Address PO Box 3324

City Littleton State CO Zip Code 80161

Purpose of Disbursement  
Non contribution account. Candidate Contribution.

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.10293**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Pacific Creative**

Mailing Address 419 S Third Ave.

City Arcadia State CA Zip Code 91006

Purpose of Disbursement  
Noncontribution acct. Design fees for booklet & swags.

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.10194**

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. Peake DeLancey Printers**

Mailing Address 2500 Schuster Dr.

City State Zip Code  
Cheverly MD 20781

Purpose of Disbursement  
Noncontribution account. Printing of booklets

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB29.10264**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. PowerPAC.org**

Mailing Address 44 Montgomery St., Suite 2310

City State Zip Code  
San Francisco CA 94104

Purpose of Disbursement  
Noncontribution account. Monthly Database Online fee.

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB29.10265**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. PowerPAC.org**

Mailing Address 44 Montgomery St., Suite 2310

City State Zip Code  
San Francisco CA 94104

Purpose of Disbursement  
Noncontribution account. Monthly Database Online fee.

Category/  
Type

Candidate Name

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

Date of Disbursement

/  /

**Transaction ID : SB29.10266**

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. PowerThru LLC**

Mailing Address 3205 Lincoln St.

City Columbia State SC Zip Code 29201

Purpose of Disbursement  
Noncontribution account. Monthly list building services

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.10267**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. 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) ▼

**001**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.10202**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. Stand with Sandra Fluke for State Senate 2014**

Mailing Address P.O. Box 3160

City Santa Monica State CA Zip Code 90408

Purpose of Disbursement  
Non contribution account. Candidate Contribution.

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: CA District: 26

Disbursement For:  
 Primary  General  
 Other (specify) ▼

**011**  
Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.10285**

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. The Organization for Black Struggle**

Mailing Address PO Box 5277

City St. Louis State MO Zip Code 63115

Purpose of Disbursement  
Non contribution. Civic Donation.

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.10298**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Andrew Wong**

Mailing Address 300 3rd St.

City San Francisco State CA Zip Code 94107

Purpose of Disbursement  
Noncontribution account. Travel Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : SB29.10259**

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 32 OF 35
	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 <b>Marquita Campbell</b>	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="100.00"/>	<b>Transaction ID : SD10.9982</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="100.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Amy Chen</b>	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="84.83"/>	<b>Transaction ID : SD10.9975</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="84.83"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Linda Darling-Hammond</b>	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="436.00"/>	<b>Transaction ID : SD10.9981</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="436.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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 33 OF 35
	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 <b>Integrated Digital Media</b>	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 <input type="text" value="43.95"/>	<b>Transaction ID : SD10.9979</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="43.95"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Integrated Digital Media</b>	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 <input type="text" value="75.78"/>	<b>Transaction ID : SD10.9980</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="75.78"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>DeJuan Patterson</b>	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 <input type="text" value="100.00"/>	<b>Transaction ID : SD10.9978</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="100.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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 34 OF 35
	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 <b>Peake DeLancey Printers</b>	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 <input type="text" value="2493.00"/>	<b>Transaction ID : SD10.9983</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2493.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PowerPAC.org</b>	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 <input type="text" value="249.00"/>	<b>Transaction ID : SD10.9984</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="249.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>PowerPAC.org</b>	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 <input type="text" value="729.70"/>	<b>Transaction ID : SD10.9985</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="729.70"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	<input type="text"/>
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	<input type="text"/>
4) <b>ADD 2) and 3)</b> 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 35 OF 35
	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 <b>PowerThru LLC</b>	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="2000.00"/>	<b>Transaction ID : SD10.9986</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="2000.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Andrew Wong</b>	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="218.00"/>	<b>Transaction ID : SD10.9976</b>	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="218.00"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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