

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

Unlocking Potential PAC

ADDRESS (number and street) 1390 CHAIN BRIDGE ROAD #515

Check if different than previously reported. (ACC) MCLEAN VA 22101

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

C C00564534

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

4. TYPE OF REPORT

- (Choose One)
- (a) Quarterly Reports:
- April 15 Quarterly Report (Q1)
 - July 15 Quarterly Report (Q2)
 - October 15 Quarterly Report (Q3)
 - January 31 Year-End Report (YE)
 - July 31 Mid-Year Report (Non-election Year Only) (MY)
 - Termination Report (TER)

- (b) Monthly Report Due On:
- Feb 20 (M2)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - May 20 (M5)
 - Jun 20 (M6)
 - Jul 20 (M7)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Oct 20 (M10)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - Jan 31 (YE)

(c) 12-Day Primary (12P) General (12G) Runoff (12R)

PRE-Election Report for the: Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election General (30G) Runoff (30R) Special (30S)

Report for the: Convention (12C) Special (12S)

Election on 11 / 04 / 2014 in the State of

5. Covering Period 10 / 16 / 2014 through 11 / 24 / 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 Cabell Hobbs

Signature of Treasurer Cabell Hobbs [Electronically Filed] Date 12 / 04 / 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.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Unlocking Potential 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 data-bbox="418 554 574 609" type="text" value="YYYY"/> 2014	<input data-bbox="626 554 1052 609" type="text" value="0.00"/>	<input data-bbox="1101 554 1526 609" type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input data-bbox="626 646 1052 701" type="text" value="634176.35"/>	
(c) Total Receipts (from Line 19)	<input data-bbox="626 739 1052 793" type="text" value="171188.44"/>	<input data-bbox="1101 739 1526 793" type="text" value="1867019.32"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input data-bbox="626 869 1052 924" type="text" value="805364.79"/>	<input data-bbox="1101 869 1526 924" type="text" value="1867019.32"/>
7. Total Disbursements (from Line 31).....	<input data-bbox="626 970 1052 1024" type="text" value="514918.86"/>	<input data-bbox="1101 970 1526 1024" type="text" value="1576573.39"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input data-bbox="626 1092 1052 1146" type="text" value="290445.93"/>	<input data-bbox="1101 1092 1526 1146" type="text" value="290445.93"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input data-bbox="626 1222 1052 1276" type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input data-bbox="626 1352 1052 1407" type="text" value="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

Unlocking Potential 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).....	71090.00	1648527.99
(ii) Unitemized	89865.25	208050.67
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	160955.25	1856578.66
(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)	160955.25	1856578.66
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).....	233.19	440.66
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	10000.00	10000.00
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))..... ▶	171188.44	1867019.32
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	171188.44	1867019.32

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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	303753.68	1044170.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	303753.68	1044170.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20000.00	20000.00
24. Independent Expenditures (use Schedule E)	191165.18	512402.45
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)) ..	514918.86	1576573.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	514918.86	1576573.39

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)	160955.25	1856578.66
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	160955.25	1856578.66
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	303753.68	1044170.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	233.19	440.66
38. Net Operating Expenditures (subtract Line 37 from Line 36)	303520.49	1043730.28

**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 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
Unlocking Potential PAC

A. MR. GEORGE R. ALDHIZER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3214 OLD FURNACE RD.
 City State Zip Code
 HARRISONBURG VA 22802-2624
 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 ▼
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014
Transaction ID : SA11.107340
 Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

B. MR. WILLIAM ANDERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 102 DEODAR DR.
 City State Zip Code
 MARTINEZ CA 94553-5512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFF
 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
 10 / 31 / 2014
Transaction ID : SA11.108543
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

C. ROBIN ARMANDPOUR
 Full Name (Last, First, Middle Initial)
 Mailing Address 2205 BEVERLY GLEN PL.
 City State Zip Code
 LOS ANGELES CA 90077-2505
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF EMPLOYED REAL ESTATE APPRAISOR
 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
 10 / 27 / 2014
Transaction ID : SA11.107515
 Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 850.00
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 7 OF 85
	(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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)
A. MERIT R. ARNOLD

Mailing Address 2451 E. VISTA WAY APT. 2

City VISTA	State CA	Zip Code 92084-1905
---------------	-------------	------------------------

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

Name of Employer WESTCOM	Occupation ENGINEER
-----------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2014

Transaction ID : SA11.107523

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. EUGENE W. BALL

Mailing Address 136 LOCK LN.

City ALUM CREEK	State WV	Zip Code 25003-9066
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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 ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		27		2014

Transaction ID : SA11.107779

Amount of Each Receipt this Period
300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. ANDREW F. BARTH

Mailing Address 2200 CHAUCER ROAD

City SAN MARINO	State CA	Zip Code 91108-1314
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FEC ID number of contributing federal political committee. **C**

Name of Employer CAPITAL GROUP	Occupation INVESTMENT MANAGEMENT
-----------------------------------	-------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		04		2014

Transaction ID : SA11.108767

Amount of Each Receipt this Period
10000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	11300.00
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 85
	<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)
Unlocking Potential PAC

A. LYDIA BEEBE
 Full Name (Last, First, Middle Initial)
 Mailing Address 125 SAN FELIPE AVENUE
 City SAN FRANCISCO State CA Zip Code 94127-2047
 FEC ID number of contributing federal political committee. **C**
 Name of Employer CHEVRON CORPORATION Occupation EXECUTIVE
 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
 10 / 31 / 2014
Transaction ID : SA11.108578
 Amount of Each Receipt this Period
500.00
 CONTRIBUTION

B. MS. JEAN R. BENCIVENGA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1076B BUCKINGHAM DRIVE
 City MANCHESTER State NJ Zip Code 08759-5302
 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 **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 20 / 2014
Transaction ID : SA11.106832
 Amount of Each Receipt this Period
100.00
 CONTRIBUTION

C. MS. JEAN R. BENCIVENGA
 Full Name (Last, First, Middle Initial)
 Mailing Address 1076B BUCKINGHAM DRIVE
 City MANCHESTER State NJ Zip Code 08759-5302
 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 **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 28 / 2014
Transaction ID : SA11.108122
 Amount of Each Receipt this Period
50.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	650.00
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 85
<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)
Unlocking Potential PAC

A. MR. HARRY BETTIS
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 7

City EMMETT State ID Zip Code 83617-0007

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

Name of Employer SELF EMPLOYED Occupation RANCHER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.108653

Amount of Each Receipt this Period 300.00

CONTRIBUTION

B. MR. JOHN R. BREHMER
Full Name (Last, First, Middle Initial)

Mailing Address 201 SEABREEZE COURT

City VERO BEACH State FL Zip Code 32963-9508

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 ▼ 2000.00

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11.108359

Amount of Each Receipt this Period 1000.00

CONTRIBUTION

C. MR. DAVID C. BROWN JR.
Full Name (Last, First, Middle Initial)

Mailing Address 415 N. ROCKINGHAM AVENUE

City LOS ANGELES State CA Zip Code 90049-2637

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

Name of Employer SELF-EMPLOYED Occupation FINANCIAL MANAGEMENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 24 / 2014
Transaction ID : SA11.107361

Amount of Each Receipt this Period 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 1550.00

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 85
	<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)
Unlocking Potential PAC

A. MR. JAMES BUELL
Full Name (Last, First, Middle Initial)

Mailing Address 4790 CAUGHLIN PKWY. # 518

City	State	Zip Code
RENO	NV	89519-0907

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

Name of Employer	Occupation
SELF EMPLOYED	FARMER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	28	/	2014

Transaction ID : SA11.108021

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

B. MR. WILLIAM M. BURNS
Full Name (Last, First, Middle Initial)

Mailing Address 5812 WILLIAMSBURG LANDING DR.

City	State	Zip Code
WILLIAMSBURG	VA	23185-8012

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

Name of Employer	Occupation
RETIRED	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
10	/	27	/	2014

Transaction ID : SA11.107438

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. MS. FRANCES V. BYLES
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 107

City	State	Zip Code
LA VETA	CO	81055-0107

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

Name of Employer	Occupation
RETIRED	RETIRED

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
10	/	28	/	2014

Transaction ID : SA11.108013

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1800.00
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 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial) A. MRS. MARGARET A. CAIN		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Mailing Address 2471 PRESIDENTIAL DR.		Transaction ID : SA11.108204
City TULARE	State CA	Zip Code 93274-8337
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer HOMEMAKER	Occupation HOMEMAKER	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) B. MR. FRANK CALANDRA		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Mailing Address 258 KAPPA DRIVE		Transaction ID : SA11.106752
City PITTSBURGH	State PA	Zip Code 15238-2818
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2500.00	
Name of Employer JENNMAR	Occupation PRESIDENT	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

Full Name (Last, First, Middle Initial) C. MR. KARL A. CALANDRA		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 17 / 2014
Mailing Address 258 KAPPA DRIVE		Transaction ID : SA11.106750
City PITTSBURGH	State PA	Zip Code 15238-2818
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1500.00	
Name of Employer JENNMAR	Occupation EXECUTIVE VICE PRESIDENT	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1500.00	

SUBTOTAL of Receipts This Page (optional).....▶	4500.00
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 85
	<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)
Unlocking Potential PAC

A. MS. MARCIA CARABELL
Full Name (Last, First, Middle Initial)

Mailing Address 197 HUDSON STREET

City HUDSON State OH Zip Code 44236-2930

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

Name of Employer BELLE HOLDING INC. Occupation C.E.O.

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
 11 / 17 / 2014

Transaction ID : SA11.108911

Amount of Each Receipt this Period
 500.00

CONTRIBUTION

B. MRS. ELLOINE CLARK
Full Name (Last, First, Middle Initial)

Mailing Address 3716 MAPLEWOOD AVE.

City DALLAS State TX Zip Code 75205-2827

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 ▼ 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11.107745

Amount of Each Receipt this Period
 30.00

CONTRIBUTION

C. MRS. ELLOINE CLARK
Full Name (Last, First, Middle Initial)

Mailing Address 3716 MAPLEWOOD AVE.

City DALLAS State TX Zip Code 75205-2827

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 ▼ 630.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 11 / 2014

Transaction ID : SA11.108895

Amount of Each Receipt this Period
 600.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1130.00
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 85
	<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)
Unlocking Potential PAC

A. MR. JOSEPH COORS
Full Name (Last, First, Middle Initial)

Mailing Address 2981 KENDRICK ST.

City	State	Zip Code
GOLDEN	CO	80401-1333

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

Name of Employer	Occupation
RETIRED	RETIRED

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
10	/	27	/	2014

Transaction ID : SA11.107561

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B. MR. JAMES DARR
Full Name (Last, First, Middle Initial)

Mailing Address 2727 DE ANZA RD. SPC. SD57

City	State	Zip Code
SAN DIEGO	CA	92109-6865

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

Name of Employer	Occupation
RETIRED	RETIRED

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
10	/	27	/	2014

Transaction ID : SA11.107672

Amount of Each Receipt this Period
300.00

CONTRIBUTION

C. MR. FREDRICK DELA CRUZ
Full Name (Last, First, Middle Initial)

Mailing Address 5404 SONOMA PLACE

City	State	Zip Code
SAN DIEGO	CA	92130-5754

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

Name of Employer	Occupation
HEWLETT-PACKARD COMPANY	SENIOR SOFTWARE ENGINEER

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
10	/	27	/	2014

Transaction ID : SA11.107697

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	850.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 85
	<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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)
A. DALE DYKEMA

Mailing Address 330 VISTA MADERA

City NEWPORT BEACH	State CA	Zip Code 92660-3501
-----------------------	-------------	------------------------

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

Name of Employer T.D. SERVICE FINANCIAL CORPORATION	Occupation EXECUTIVE
--	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 04 / 2014
Transaction ID : SA11.108766

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. ROBERT EMETT

Mailing Address 25 BAY ISLAND

City NEWPORT BEACH	State CA	Zip Code 92661-1124
-----------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 11 / 03 / 2014
Transaction ID : SA11.108724

Amount of Each Receipt this Period
300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. JACK FARRIN

Mailing Address 1359 N. SHELLEY AVE.

City UPLAND	State CA	Zip Code 91786-3246
----------------	-------------	------------------------

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 ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2014
Transaction ID : SA11.107898

Amount of Each Receipt this Period
300.00

CONTRIBUTION

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: PAGE 15 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Unlocking Potential PAC

A. MR. JOHN FEHSENFELD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 35200
 City LAS VEGAS State NV Zip Code 89133-5200
 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 ▼ 250.00

Date of Receipt 10 / 24 / 2014
Transaction ID : SA11.107355
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

B. MR. DEAN FEJES
 Full Name (Last, First, Middle Initial)
 Mailing Address 255 COCOHATCHEE DRIVE
 City NAPLES State FL Zip Code 34110-2102
 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 ▼ 300.00

Date of Receipt 10 / 20 / 2014
Transaction ID : SA11.106803
 Amount of Each Receipt this Period 150.00
 CONTRIBUTION

C. MR. JAMES FERNANDES
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 DIABLO CIRCLE
 City LAFAYETTE State CA Zip Code 94549-3341
 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 ▼ 425.00

Date of Receipt 10 / 20 / 2014
Transaction ID : SA11.106828
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 500.00
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 16 OF 85
	<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)
Unlocking Potential PAC

A. MR. JAMES FERNANDES
 Full Name (Last, First, Middle Initial)
 Mailing Address 33 DIABLO CIRCLE
 City LAFAYETTE State CA Zip Code 94549-3341
 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 ▼ 425.00

Date of Receipt 10 / 27 / 2014
Transaction ID : SA11.107756
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

B. MR. JAMES B. FISHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3040 JAVA ROAD
 City COSTA MESA State CA Zip Code 92626-3506
 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 ▼ 250.00

Date of Receipt 10 / 24 / 2014
Transaction ID : SA11.107259
 Amount of Each Receipt this Period 150.00
 CONTRIBUTION

C. MR. WILLIAM O. FISHER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6250 CHABOT ROAD
 City OAKLAND State CA Zip Code 94618-1607
 FEC ID number of contributing federal political committee. **C**
 Name of Employer UNIVERSITY OF RICHMOND SCHOOL OF LA Occupation PROFESSOR / ATTORNEY
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 10 / 24 / 2014
Transaction ID : SA11.107158
 Amount of Each Receipt this Period 10000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	10250.00
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 17 OF 85
	<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)
Unlocking Potential PAC

A. MR. PETER FLOOD
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 229

City SUN VALLEY	State ID	Zip Code 83353-0229
--------------------	-------------	------------------------

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
10	/	22	/	2014

Transaction ID : SA11.106904

Amount of Each Receipt this Period
500.00

CONTRIBUTION

B. MR. JEROME FULLINWIDER
Full Name (Last, First, Middle Initial)
Mailing Address 3920 GILLON AVE.

City DALLAS	State TX	Zip Code 75205-3117
----------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation OIL & GAS
-----------------------------------	-------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2014

Transaction ID : SA11.108271

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

C. EARL GJELDE
Full Name (Last, First, Middle Initial)
Mailing Address P.O. BOX 1235

City DILLON	State CO	Zip Code 80435-1235
----------------	-------------	------------------------

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 ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	19	/	2014

Transaction ID : SA11.106769

Amount of Each Receipt this Period
100.00

CONTRIBUTION

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 18 OF 85
	<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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)
A. EARL GJELDE

Mailing Address P.O. BOX 1235

City State Zip Code
DILLON CO 80435-1235

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

Name of Employer Occupation
RETIRED RETIRED

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
 10 / 26 / 2014
Transaction ID : SA11.107402

Amount of Each Receipt this Period
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. G. MILTON GOFF

Mailing Address 3933 NOBLES MILL POND RD.

City State Zip Code
ROCKY MOUNT NC 27801-8636

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

Name of Employer Occupation
RETIRED RETIRED

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
 11 / 03 / 2014
Transaction ID : SA11.108643

Amount of Each Receipt this Period
300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. ROBERT K. HANING

Mailing Address 5675 PONDEROSA DR. APT. 211

City State Zip Code
COLUMBUS OH 43231-6761

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2014
Transaction ID : SA11.108247

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
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 19 OF 85
	<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)
Unlocking Potential PAC

A. MR. DAVID H. HANSON
Full Name (Last, First, Middle Initial)

Mailing Address 1803 SPRINGVIEW DR.

City MASON CITY	State IA	Zip Code 50401-4761
--------------------	-------------	------------------------

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

Name of Employer MERCY MEDICAL CENTER	Occupation PHYSICIAN
--	-------------------------

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
10	/	27	/	2014

Transaction ID : SA11.107595

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B. GUY HAYNES
Full Name (Last, First, Middle Initial)

Mailing Address 26 BASSY ST

City LEBANON	State NH	Zip Code 03766-1435
-----------------	-------------	------------------------

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 ▼
550.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	22	/	2014

Transaction ID : SA11.106866

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 1354 OAKHURST AVE

City SAN CARLOS	State CA	Zip Code 94070-4631
--------------------	-------------	------------------------

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

Name of Employer TWIST BIOSCIENCE	Occupation ENGINEER
--------------------------------------	------------------------

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
10	/	18	/	2014

Transaction ID : SA11.106762

Amount of Each Receipt this Period
500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1050.00
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 20 OF 85
	<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)
Unlocking Potential PAC

A. ALISON HOLMAN
Full Name (Last, First, Middle Initial)

Mailing Address 132 LANCASTER DR. APT. 616

City IRVINGTON State VA Zip Code 22480-9745

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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 23 / 2014

Transaction ID : SA11.107011

Amount of Each Receipt this Period
 300.00

CONTRIBUTION

B. MR. WILLIAM R. HUDSON
Full Name (Last, First, Middle Initial)

Mailing Address 6117 WESTWIND DRIVE

City GREENSBORO State NC Zip Code 27410-4973

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 ▼ 225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2014

Transaction ID : SA11.107681

Amount of Each Receipt this Period
 135.00

CONTRIBUTION

C. MR. FERENC KACSINTA
Full Name (Last, First, Middle Initial)

Mailing Address 7323 CARTWRIGHT AVE.

City SUN VALLEY State CA Zip Code 91352-5107

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 ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 31 / 2014

Transaction ID : SA11.108521

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1435.00
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 21 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Unlocking Potential PAC

A. MR. JOSEPH S. KEELTY
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 134
 City STEVENSON State MD Zip Code 21153-0134
 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 ▼ 1000.00

Date of Receipt 10 / 23 / 2014
Transaction ID : SA11.107061
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

B. MARTI KETCHUM
 Full Name (Last, First, Middle Initial)
 Mailing Address 5445 BROMELY DR.
 City OAK PARK State CA Zip Code 91377-4750
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HOMEMAKER Occupation HOMEMAKER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 550.00

Date of Receipt 10 / 25 / 2014
Transaction ID : SA11.107390
 Amount of Each Receipt this Period 200.00
 CONTRIBUTION

C. MS. BARBARA KIESER
 Full Name (Last, First, Middle Initial)
 Mailing Address 251 E. CHESTNUT AVENUE
 City METUCHEN State NJ Zip Code 08840-1552
 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 ▼ 1000.00

Date of Receipt 10 / 27 / 2014
Transaction ID : SA11.107760
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	1700.00
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 22 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)
A. SARA KIMBLE

Mailing Address 6 CALVIN CIR.

City EVANSTON	State IL	Zip Code 60201-1911
------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 27 / 2014
Transaction ID : SA11.107788

Amount of Each Receipt this Period
300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. SHERRI KOELBEL

Mailing Address 4835 S. GAYLORD STREET

City CHERRY HILLS VILLAGE	State CO	Zip Code 80113-7130
------------------------------	-------------	------------------------

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 ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014
Transaction ID : SA11.108291

Amount of Each Receipt this Period
300.00

CONTRIBUTION

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

Mailing Address 322 SAN JUAN DRIVE

City PONTE VEDRA	State FL	Zip Code 32082-1818
---------------------	-------------	------------------------

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 / D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : SA11.106967

Amount of Each Receipt this Period
500.00

CONTRIBUTION

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: PAGE 23 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)
A. MR. PAUL KYLE

Mailing Address 9903 COLONY ROAD

City State Zip Code
FAIRFAX VA 22030-1811

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

Name of Employer Occupation
RETIRED RETIRED

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
 10 / 22 / 2014
Transaction ID : SA11.106897

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. GARY LAPP

Mailing Address 696 SAN RAMON VALLEY BLVD.

City State Zip Code
DANVILLE CA 94526-4022

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

Name of Employer Occupation
RETIRED RETIRED

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
 11 / 03 / 2014
Transaction ID : SA11.108619

Amount of Each Receipt this Period
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. MR. ROBERT LAURIE

Mailing Address 263 MAIN STREET LEVEL 2

City State Zip Code
PLACERVILLE CA 95667-5541

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 ▼
230.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2014
Transaction ID : SA11.107692

Amount of Each Receipt this Period
30.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 530.00

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 24 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Unlocking Potential PAC

A. MR. JOHN LEADBEATER
 Full Name (Last, First, Middle Initial)
 Mailing Address 3006 SLOUGH DRIVE
 City TEMPLE State TX Zip Code 76502-3976
 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 10 / 28 / 2014
Transaction ID : SA11.107961
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

B. MR. TIM LEWIS
 Full Name (Last, First, Middle Initial)
 Mailing Address 8527 KENNETH RIDGE COURT
 City FAIR OAKS State CA Zip Code 95628-2663
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TIM LEWIS COMMUNITIES Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 10 / 27 / 2014
Transaction ID : SA11.107836
 Amount of Each Receipt this Period 2000.00
 CONTRIBUTION

C. MR. HERBERT LICHTENTHAL
 Full Name (Last, First, Middle Initial)
 Mailing Address 5209 SOUTHERN TRAIL
 City MYRTLE BEACH State SC Zip Code 29579-1206
 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 ▼ 250.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.108708
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	2750.00
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 25 OF 85
	<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)
Unlocking Potential PAC

A. MR. ROBERT A. MAY
Full Name (Last, First, Middle Initial)

Mailing Address 2322 S. POPLAR ST.

City CASPER	State WY	Zip Code 82601-5211
----------------	-------------	------------------------

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

Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		24		2014

Transaction ID : SA11.107295

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B. PATRICK MCADARAGH
Full Name (Last, First, Middle Initial)

Mailing Address 15465 LUCERNE CIRCLE

City BURNSVILLE	State MN	Zip Code 55306-4410
--------------------	-------------	------------------------

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

Name of Employer MIDCONTINENT MEDIA, INC.	Occupation PRESIDENT & CEO
--	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
11		06		2014

Transaction ID : SA11.108831

Amount of Each Receipt this Period
250.00

CONTRIBUTION

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

Mailing Address 2159 BALERIA DRIVE

City SAN PEDRO	State CA	Zip Code 90732-4111
-------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation TEACHER
-----------------------------------	-----------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		19		2014

Transaction ID : SA11.106775

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....	800.00
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 26 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Unlocking Potential PAC

A. MR. L. THOMAS MELLY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4523 WINDSOR PARK
 City SARASOTA State FL Zip Code 34235-2602
 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 ▼ 300.00

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11.108380
 Amount of Each Receipt this Period 300.00
 CONTRIBUTION

B. MR. FRANK S. MOONEY
 Full Name (Last, First, Middle Initial)
 Mailing Address 4750 S. DAHLIA ST.
 City CHERRY HILLS VILLAGE State CO Zip Code 80121-2020
 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 10 / 27 / 2014
Transaction ID : SA11.107464
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

C. R. L. MOORE
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 334
 City LYNDEN State WA Zip Code 98264-0334
 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 10 / 27 / 2014
Transaction ID : SA11.107593
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1300.00
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 27 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)
A. MRS. JOAN MOSLING
 Mailing Address 291 COUNTY ROAD FF
 City State Zip Code
 PICKETT WI 54964-9512
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED 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
 10 / 28 / 2014
Transaction ID : SA11.107945
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. JACQUELINE MOY
 Mailing Address 3002 BRAHMAN DR.
 City State Zip Code
 MANVEL TX 77578-3278
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 APACHE CORP ATTORNEY
 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
 10 / 20 / 2014
Transaction ID : SA11.106793
 Amount of Each Receipt this Period
 250.00
 CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. WILLIAM J. MUTELL
 Mailing Address 128 ROFFINGHAMS WAY
 City State Zip Code
 WILLIAMSBURG VA 23185-8915
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 SELF-EMPLOYED STRATEGY CONSULTANT
 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
 10 / 31 / 2014
Transaction ID : SA11.108577
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
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 28 OF 85
	<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)
Unlocking Potential PAC

A. MR. DELOS NELSON
Full Name (Last, First, Middle Initial)

Mailing Address 202 MOUNT WASHINGTON AVENUE

City EAU CLAIRE State WI Zip Code 54703-5912

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 ▼ 400.00

Date of Receipt 10 / 20 / 2014
Transaction ID : SA11.106831

Amount of Each Receipt this Period 100.00

CONTRIBUTION

B. MR. DELOS NELSON
Full Name (Last, First, Middle Initial)

Mailing Address 202 MOUNT WASHINGTON AVENUE

City EAU CLAIRE State WI Zip Code 54703-5912

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 ▼ 400.00

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11.108358

Amount of Each Receipt this Period 200.00

CONTRIBUTION

C. MR. MILLER M. O'MALLEY
Full Name (Last, First, Middle Initial)

Mailing Address 355 S. GRAND AVENUE FL. 35

City LOS ANGELES State CA Zip Code 90071-3161

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

Name of Employer MUNSER, TOLLES & OLSON, LLP Occupation ATTORNEY

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 28 / 2014
Transaction ID : SA11.108057

Amount of Each Receipt this Period 500.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 800.00

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 29 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Unlocking Potential PAC

A. CONNIE O'NEILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3214 N. 159TH AVENUE
 City OMAHA State NE Zip Code 68116-2453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS
 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
 10 / 20 / 2014
Transaction ID : SA11.106804
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

B. CONNIE O'NEILL
 Full Name (Last, First, Middle Initial)
 Mailing Address 3214 N. 159TH AVENUE
 City OMAHA State NE Zip Code 68116-2453
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BEST EFFORTS
 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
 10 / 28 / 2014
Transaction ID : SA11.107942
 Amount of Each Receipt this Period
 100.00
 CONTRIBUTION

C. MR. WILLIAM M. OBERING
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 7379
 City JACKSON State WY Zip Code 83002-7379
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 31 / 2014
Transaction ID : SA11.108443
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 700.00
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 30 OF 85
	(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)
Unlocking Potential PAC

A. AARON OBITZ
Full Name (Last, First, Middle Initial)

Mailing Address 46 WHITE SUN WAY

City RANCHO MIRAGE State CA Zip Code 92270-4700

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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014

Transaction ID : SA11.106971

Amount of Each Receipt this Period
 100.00

CONTRIBUTION

B. MR. WARREN D. ORLOFF
Full Name (Last, First, Middle Initial)

Mailing Address 2107 OCEAN AVE. APT. 404

City SANTA MONICA State CA Zip Code 90405-2265

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 ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 24 / 2014

Transaction ID : SA11.107362

Amount of Each Receipt this Period
 300.00

CONTRIBUTION

C. MRS. KAREN PABOOJIAN
Full Name (Last, First, Middle Initial)

Mailing Address 7549 CLARIBEL ROAD

City OAKDALE State CA Zip Code 95361-8602

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

Name of Employer INFORMATION REQUESTED PER BEST EFF(Occupation INFORMATION REQUESTED PER BEST EFF(

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
 10 / 31 / 2014

Transaction ID : SA11.108504

Amount of Each Receipt this Period
 250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 650.00

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 31 OF 85
	<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)
Unlocking Potential PAC

A. MR. ROBERT M. PARKS
 Full Name (Last, First, Middle Initial)
 Mailing Address 2620 2ND AVE.
 City SEATTLE State WA Zip Code 98121-1212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer TRF PACIFIC Occupation REAL ESTATE DEVELOPER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 24 / 2014
Transaction ID : SA11.107231
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

B. MR. JAMES PASSILLA
 Full Name (Last, First, Middle Initial)
 Mailing Address 516 BUTLER STREET
 City WINDERMERE State FL Zip Code 34786-3534
 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 ▼ 300.00

Date of Receipt 11 / 03 / 2014
Transaction ID : SA11.108599
 Amount of Each Receipt this Period 300.00
 CONTRIBUTION

C. MR. JAY PETERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 3811 DARWIN ROAD
 City DURHAM State NC Zip Code 27707-5307
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DURHAM TECH COMMUNITY COLLEGE Occupation PROFESSOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11.108572
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 650.00
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 32 OF 85
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	<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)
Unlocking Potential PAC

A. MR. PETER PHILIP
Full Name (Last, First, Middle Initial)

Mailing Address 49 MAPLE STREET APT. 223

City State Zip Code
MANCHESTER CENTER VT 05255-4478

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
11 / 04 / 2014

Transaction ID : SA11.108794

Amount of Each Receipt this Period
300.00

CONTRIBUTION

B. DR. WILLIAM R. PITTS JR.
Full Name (Last, First, Middle Initial)

Mailing Address 101 CENTRAL PARK W.

City State Zip Code
NEW YORK NY 10023-4250

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 28 / 2014

Transaction ID : SA11.107928

Amount of Each Receipt this Period
500.00

CONTRIBUTION

C. MR. JEFF REEVES
Full Name (Last, First, Middle Initial)

Mailing Address 1170 COLLEGE

City State Zip Code
MADISONVILLE KY 42431-9181

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

Name of Employer Occupation
JENNMAR SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
M M / D D / Y Y Y Y
10 / 17 / 2014

Transaction ID : SA11.106753

Amount of Each Receipt this Period
1000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1800.00

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 33 OF 85
	<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)
Unlocking Potential PAC

A. MR. FRANCOIS R. RICHARD
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 620026
 City WOODSIDE State CA Zip Code 94062-0026
 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 10 / 20 / 2014
Transaction ID : SA11.106829
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

B. MS. TUULI-ANN RISTKOK
 Full Name (Last, First, Middle Initial)
 Mailing Address 16 W.16TH STREET APT. 6JN
 City NEW YORK State NY Zip Code 10011-6333
 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 ▼ 310.00

Date of Receipt 10 / 27 / 2014
Transaction ID : SA11.107693
 Amount of Each Receipt this Period 60.00
 CONTRIBUTION

C. LISENNE ROCKEFELLER
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 3157
 City LITTLE ROCK State AR Zip Code 72203-3157
 FEC ID number of contributing federal political committee. **C**
 Name of Employer WINROCK FARMS Occupation PRESIDENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 11 / 14 / 2014
Transaction ID : SA11.108908
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶ 1310.00
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 34 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)
A. MR. NORMAN RUECKER

Mailing Address 2438 LOON LAKE LN.

City State Zip Code
LINCOLN CA 95648-8768

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

Name of Employer Occupation
WTAS CPA

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
 10 / 28 / 2014
Transaction ID : SA11.108062

Amount of Each Receipt this Period
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. MR. DAVID RUSHMORE

Mailing Address 100 VIA FLORENCE

City State Zip Code
NEWPORT BEACH CA 92663-4635

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

Name of Employer Occupation
BENEFIT PLAN COORDINATORS INSURANCE SALES

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
 10 / 22 / 2014
Transaction ID : SA11.106870

Amount of Each Receipt this Period
150.00

CONTRIBUTION

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

Mailing Address 37191 WYNDHAM ROAD

City State Zip Code
PALM DESERT CA 92211-2155

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

Name of Employer Occupation
RETIRED RETIRED

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
 10 / 22 / 2014
Transaction ID : SA11.106867

Amount of Each Receipt this Period
300.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	950.00
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 35 OF 85
	<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)
Unlocking Potential PAC

A. MR. HEINZ SCHEIDEMANDEL
 Full Name (Last, First, Middle Initial)
 Mailing Address 6516 WALTERS WOODS DR.
 City FALLS CHURCH State VA Zip Code 22044-1425
 FEC ID number of contributing federal political committee. **C**
 Name of Employer SELF EMPLOYED Occupation PHYSICIAN
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 24 / 2014
Transaction ID : SA11.107200
 Amount of Each Receipt this Period 500.00
 CONTRIBUTION

B. MS. DORIS B. SCHLEHOFER
 Full Name (Last, First, Middle Initial)
 Mailing Address 19 CENTRE PIKE
 City EASTFORD State CT Zip Code 06242-9703
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INFORMATION REQUESTED PER BEST EFFORTS Occupation INFORMATION REQUESTED PER BEST EFF
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt 10 / 28 / 2014
Transaction ID : SA11.108180
 Amount of Each Receipt this Period 240.00
 CONTRIBUTION

C. JAIME SHAPIRO
 Full Name (Last, First, Middle Initial)
 Mailing Address 1401 DIPLOMAT PKWY.
 City HOLLYWOOD State FL Zip Code 33019-2229
 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 ▼ 300.00

Date of Receipt 10 / 28 / 2014
Transaction ID : SA11.107993
 Amount of Each Receipt this Period 200.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	940.00
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 36 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Unlocking Potential PAC

A. MRS. DARALENE W. SILVEIRA
 Full Name (Last, First, Middle Initial)
 Mailing Address 2171 PEBBLE BEACH COURT
 City State Zip Code
 MERCED CA 95340-0721
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 290.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 27 / 2014
Transaction ID : SA11.107484
 Amount of Each Receipt this Period
 125.00
 CONTRIBUTION

B. MR. HARRY B. SPENCE
 Full Name (Last, First, Middle Initial)
 Mailing Address 13048 SOMERSET DRIVE
 City State Zip Code
 GRASS VALLEY CA 95945-9729
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED 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
 10 / 27 / 2014
Transaction ID : SA11.107644
 Amount of Each Receipt this Period
 500.00
 CONTRIBUTION

C. MR. NICHOLAS J. ST. GEORGE
 Full Name (Last, First, Middle Initial)
 Mailing Address 971 GEORGIA AVE.
 City State Zip Code
 WINTER PARK FL 32789-2606
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 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
 11 / 03 / 2014
Transaction ID : SA11.108738
 Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 925.00
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 37 OF 85
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)
A. MR. DAN STATLER

Mailing Address 258 KAPPA DRIVE

City State Zip Code
PITTSBURGH PA 15238-2818

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

Name of Employer Occupation
JENNMAR VICE PRESIDENT, SALES

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 17 / 2014
Transaction ID : SA11.106754

Amount of Each Receipt this Period
1500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
B. JERRY STEBBINS

Mailing Address 376 LYONS ROAD

City State Zip Code
DECATUR AL 35603-5034

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 10 / 25 / 2014
Transaction ID : SA11.107397

Amount of Each Receipt this Period
100.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)
C. AUBREY L. STEWART

Mailing Address 196 CALLE GUERNICA

City State Zip Code
SAN MARCOS CA 92069-3114

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y
 11 / 03 / 2014
Transaction ID : SA11.108755

Amount of Each Receipt this Period
250.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ► 1850.00

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 38 OF 85
	<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)
Unlocking Potential PAC

A. MR. GERALD STRATBUCKER
 Full Name (Last, First, Middle Initial)
 Mailing Address 6796 MEADOW VIEW DRIVE
 City SUMMERFIELD State NC Zip Code 27358-9153
 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 ▼ 220.00

Date of Receipt 10 / 28 / 2014
Transaction ID : SA11.107933
 Amount of Each Receipt this Period 120.00
 CONTRIBUTION

B. MS. NANCY TAYLOR
 Full Name (Last, First, Middle Initial)
 Mailing Address 227 PIPING ROCK RD.
 City LOCUST VALLEY State NY Zip Code 11560-2504
 FEC ID number of contributing federal political committee. **C**
 Name of Employer INNOCENTI-WEBEL Occupation LANDSCAPE ARCHITECH
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 31 / 2014
Transaction ID : SA11.108563
 Amount of Each Receipt this Period 300.00
 CONTRIBUTION

C. MR. DOUGLAS S. THORBURN
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 7301
 City VAN NUYS State CA Zip Code 91409-7301
 FEC ID number of contributing federal political committee. **C**
 Name of Employer J.C.G.S, INC. Occupation AUTHOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 28 / 2014
Transaction ID : SA11.107926
 Amount of Each Receipt this Period 300.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 720.00
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 39 OF 85
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Unlocking Potential PAC

A. MR. PHILIP P. VINEYARD
 Full Name (Last, First, Middle Initial)
 Mailing Address 29 RHETTS BLUFF RD.
 City State Zip Code
 JOHNS ISLAND SC 29455-5200
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 PPV INC CEO
 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
 10 / 24 / 2014
Transaction ID : SA11.107285
 Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

B. MR. RICHARD VOELL
 Full Name (Last, First, Middle Initial)
 Mailing Address 25 PILOT ROCK LN.
 City State Zip Code
 RIVERSIDE CT 06878-2615
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 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
 10 / 27 / 2014
Transaction ID : SA11.107651
 Amount of Each Receipt this Period
 300.00
 CONTRIBUTION

C. DAVID WALSH
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O.BOX 11450
 City State Zip Code
 JACKSON WY 83002-1450
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 RETIRED RETIRED
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : SA11.106975
 Amount of Each Receipt this Period
 1000.00
 CONTRIBUTION

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 40 OF 85
	<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)
Unlocking Potential PAC

A. MR. MICHAEL D. WATFORD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2 VILLEROY WAY
 City SPRING State TX Zip Code 77382-2711
 FEC ID number of contributing federal political committee. **C**
 Name of Employer ULTRA PETROLEUM CORPORATION Occupation ENERGY MANAGEMENT
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 27 / 2014
Transaction ID : SA11.107497
 Amount of Each Receipt this Period 300.00
 CONTRIBUTION

B. ANTHONY WEATHERS
 Full Name (Last, First, Middle Initial)
 Mailing Address 7748 JADE COAST RD
 City SAN DIEGO State CA Zip Code 92126-3554
 FEC ID number of contributing federal political committee. **C**
 Name of Employer HGST Occupation ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 26 / 2014
Transaction ID : SA11.107398
 Amount of Each Receipt this Period 50.00
 CONTRIBUTION

C. ALBERT WEBER
 Full Name (Last, First, Middle Initial)
 Mailing Address 5132 E CALLE BRILLANTE
 City TUCSON State AZ Zip Code 85718-1800
 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 ▼ 250.00

Date of Receipt 10 / 26 / 2014
Transaction ID : SA11.107403
 Amount of Each Receipt this Period 250.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	600.00
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 41 OF 85
	<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)
Unlocking Potential PAC

A. MRS. PATRICIA V. WEGNER
 Full Name (Last, First, Middle Initial)
 Mailing Address 223 ORCHARD SHORE RD.
 City COLCHESTER State VT Zip Code 05446-1877
 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 ▼ 300.00

Date of Receipt 10 / 27 / 2014
Transaction ID : SA11.107769
 Amount of Each Receipt this Period 300.00
 CONTRIBUTION

B. MRS. BONNIE F. WHITE COON
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. BOX 291
 City ATMORE State AL Zip Code 36504-0291
 FEC ID number of contributing federal political committee. **C**
 Name of Employer DIAMOND GASOLINE Occupation OWNER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 27 / 2014
Transaction ID : SA11.107863
 Amount of Each Receipt this Period 100.00
 CONTRIBUTION

C. MR. CURTIS RAY WILSON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1070 WILLIAMS TRACE
 City BIRMINGHAM State AL Zip Code 35242-7827
 FEC ID number of contributing federal political committee. **C**
 Name of Employer JENNMAR CORPORATION Occupation ENGINEER
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 10 / 17 / 2014
Transaction ID : SA11.106751
 Amount of Each Receipt this Period 1000.00
 CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	1400.00
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 42 OF 85
	<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)
Unlocking Potential PAC

A. W. L. WILSON
Full Name (Last, First, Middle Initial)

Mailing Address 1111 HORIZON DRIVE APT. 802

City GRAND JUNCTION State CO Zip Code 81506-1454

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

Name of Employer SELF-EMPLOYED Occupation MINING EXPLORATION

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 22 / 2014
Transaction ID : SA11.106901

Amount of Each Receipt this Period
 1000.00

CONTRIBUTION

B. MRS. ILONA ZSIRAI
Full Name (Last, First, Middle Initial)

Mailing Address 2958 FRANKLIN OAKS DR.

City HERNDON State VA Zip Code 20171-2254

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

Name of Employer SELF EMPLOYED Occupation REALTOR

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
 10 / 22 / 2014
Transaction ID : SA11.106953

Amount of Each Receipt this Period
 300.00

CONTRIBUTION

C. HALLADOR ENERGY COMPANY
Full Name (Last, First, Middle Initial)

Mailing Address 1660 LINCOLN STREET SUITE 2700

City DENVER State CO Zip Code 80264-2701

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 17 / 2014
Transaction ID : SA11.106755

Amount of Each Receipt this Period
 5000.00

CONTRIBUTION

SUBTOTAL of Receipts This Page (optional).....▶	6300.00
TOTAL This Period (last page this line number only).....▶	71090.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE 43 OF 85	
(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Unlocking Potential PAC

A. DELTA
Full Name (Last, First, Middle Initial)
Mailing Address PO BOX 20706
City ATLANTA State GA Zip Code 30320
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼ **233.19**

Date of Receipt
11 / 24 / 2014
Transaction ID : SA15.999
Amount of Each Receipt this Period
233.19
REFUND- TRAVEL

B.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

C.
Full Name (Last, First, Middle Initial)
Mailing Address
City State Zip Code
FEC ID number of contributing federal political committee. **C**
Name of Employer Occupation
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	233.19
TOTAL This Period (last page this line number only).....▶	233.19

**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 44 OF 85
<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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial) A. MCWHINNEY HOLDING COMPANY, L.L.L.P.		Date of Receipt
Mailing Address 2725 ROCKY MOUNTAIN AVENUE SUITE 200		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
LOVELAND	CO	80538-8717
FEC ID number of contributing federal political committee.	<input type="text"/>	Transaction ID : SA11.106723
Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text"/>
		10000.00
		CONTRIBUTION

Full Name (Last, First, Middle Initial) B.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input type="text"/>	Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text"/>

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		<input type="text"/> / <input type="text"/> / <input type="text"/>
City	State	Zip Code
FEC ID number of contributing federal political committee.	<input type="text"/>	Amount of Each Receipt this Period
Name of Employer	Occupation	<input type="text"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	<input type="text"/>

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

**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. ADP

Mailing Address 1 TOWN CENTER RD.

City BOCA RATON State FL Zip Code 33486

Purpose of Disbursement
PAYROLL SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : SB21B.489

Amount of Each Disbursement this Period

70.13

Full Name (Last, First, Middle Initial)

B. ALTICOR

Mailing Address 419 NEW JERSEY AVE SE

City WASHINGTON State DC Zip Code 20003

Purpose of Disbursement
FACILITY RENTAL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2014

Transaction ID : SB21B.472

Amount of Each Disbursement this Period

150.00

Full Name (Last, First, Middle Initial)

C. AMERICAN AIRLINES

Mailing Address 4333 AMON CARTER BLVD.

City FT. WORTH State TX Zip Code 76155

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2014

Transaction ID : SB21B.527

Amount of Each Disbursement this Period

285.60

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

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

505.73

**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)
A. AMERICAN EXPRESS

Date of Disbursement: MM / DD / YYYY
11 / 05 / 2014

Mailing Address PO BOX 981540

City EL PASO State TX Zip Code 79998

Purpose of Disbursement CREDIT CARD MERCHANT FEES

Candidate Name

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

State: District:

Transaction ID : **SB21B.467**

Amount of Each Disbursement this Period
234.30

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

Date of Disbursement: MM / DD / YYYY
10 / 22 / 2014

Mailing Address 50 MASSACHUSETTS AVE. NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

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

State: District:

Transaction ID : **SB21B.511**

Amount of Each Disbursement this Period
357.00

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

Date of Disbursement: MM / DD / YYYY
10 / 23 / 2014

Mailing Address 50 MASSACHUSETTS AVE. NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement TRAVEL

Candidate Name

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

State: District:

Transaction ID : **SB21B.515**

Amount of Each Disbursement this Period
145.00

SUBTOTAL of Disbursements This Page (optional)..... ▶ 736.30

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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. AMTRAK

Mailing Address 50 MASSACHUSETTS AVE. NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SB21B.517

Amount of Each Disbursement this Period

119.00

Full Name (Last, First, Middle Initial)

B. AMTRAK

Mailing Address 50 MASSACHUSETTS AVE. NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 17 / 2014

Transaction ID : SB21B.541

Amount of Each Disbursement this Period

464.00

Full Name (Last, First, Middle Initial)

C. ASAP CHECKS FORMS SUPPLIES

Mailing Address 13 BETHUNE STREET #190

City ALEXANDRIA BAY State NY Zip Code 13607

Purpose of Disbursement
OFFICE SUPPLIES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2014

Transaction ID : SB21B.487

Amount of Each Disbursement this Period

220.18

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

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

803.18

**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

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NAME OF COMMITTEE (In Full)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address 1717 KING ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2014

Transaction ID : SB21B.456

Amount of Each Disbursement this Period

54.00

Full Name (Last, First, Middle Initial)

B. BB&T

Mailing Address 1717 KING ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 21 / 2014

Transaction ID : SB21B.457

Amount of Each Disbursement this Period

296.70

Full Name (Last, First, Middle Initial)

C. BB&T

Mailing Address 1717 KING ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2014

Transaction ID : SB21B.458

Amount of Each Disbursement this Period

276.00

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

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

626.70

**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. BB&T

Mailing Address 1717 KING ST.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
BANK FEES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
11 / 21 / 2014

Transaction ID : SB21B.459

Amount of Each Disbursement this Period

715.05

Full Name (Last, First, Middle Initial)

B. CAFE SOLEIL

Mailing Address 839 17TH ST NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2014

Transaction ID : SB21B.488

Amount of Each Disbursement this Period

78.35

Full Name (Last, First, Middle Initial)

C. CAREY INTERNATIONAL

Mailing Address 4530 WISCONSIN AVE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2014

Transaction ID : SB21B.519

Amount of Each Disbursement this Period

130.24

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

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

923.64

**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. CAREY INTERNATIONAL

Mailing Address 4530 WISCONSIN AVE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : **SB21B.522**

Amount of Each Disbursement this Period

177.25

Full Name (Last, First, Middle Initial)

B. CAREY INTERNATIONAL

Mailing Address 4530 WISCONSIN AVE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 28 / 2014

Transaction ID : **SB21B.523**

Amount of Each Disbursement this Period

137.59

Full Name (Last, First, Middle Initial)

C. CAREY INTERNATIONAL

Mailing Address 4530 WISCONSIN AVE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : **SB21B.528**

Amount of Each Disbursement this Period

144.56

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

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

459.40

**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. CAREY INTERNATIONAL

Mailing Address 4530 WISCONSIN AVE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SB21B.529

Amount of Each Disbursement this Period

232.28

Full Name (Last, First, Middle Initial)

B. CAREY INTERNATIONAL

Mailing Address 4530 WISCONSIN AVE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 03 / 2014

Transaction ID : SB21B.530

Amount of Each Disbursement this Period

101.68

Full Name (Last, First, Middle Initial)

C. CAREY INTERNATIONAL

Mailing Address 4530 WISCONSIN AVE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 03 / 2014

Transaction ID : SB21B.531

Amount of Each Disbursement this Period

300.78

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

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

634.74

**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. CAREY INTERNATIONAL

Mailing Address 4530 WISCONSIN AVE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Transaction ID : SB21B.532

Amount of Each Disbursement this Period

102.93

B. CAREY INTERNATIONAL

Full Name (Last, First, Middle Initial)

Mailing Address 4530 WISCONSIN AVE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Transaction ID : SB21B.534

Amount of Each Disbursement this Period

101.68

C. CAREY INTERNATIONAL

Full Name (Last, First, Middle Initial)

Mailing Address 4530 WISCONSIN AVE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		04		2014

Transaction ID : SB21B.535

Amount of Each Disbursement this Period

101.68

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

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

306.29

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**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. CAREY INTERNATIONAL

Mailing Address 4530 WISCONSIN AVE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 04 / 2014

Transaction ID : SB21B.536

Amount of Each Disbursement this Period

101.68

Full Name (Last, First, Middle Initial)

B. CAREY INTERNATIONAL

Mailing Address 4530 WISCONSIN AVE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 18 / 2014

Transaction ID : SB21B.542

Amount of Each Disbursement this Period

710.54

Full Name (Last, First, Middle Initial)

C. CHICK-FIL-A

Mailing Address 5200 BUFFINGTON ROAD

City ATLANTA State GA Zip Code 30349

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Transaction ID : SB21B.476

Amount of Each Disbursement this Period

22.87

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

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

835.09

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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			20			2014			

Transaction ID : SB21B.463

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RD STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			21			2014			

Transaction ID : SB21B.464

Amount of Each Disbursement this Period

152.96

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RD STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			28			2014			

Transaction ID : SB21B.465

Amount of Each Disbursement this Period

295.34

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

498.30

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

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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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

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
11			04			2014			

Transaction ID : SB21B.466

Amount of Each Disbursement this Period

228.73

Full Name (Last, First, Middle Initial)

B. CMDI

Mailing Address 1593 SPRING HILL RD STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

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
11			12			2014			

Transaction ID : SB21B.468

Amount of Each Disbursement this Period

14.46

Full Name (Last, First, Middle Initial)

C. CMDI

Mailing Address 1593 SPRING HILL RD STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
CREDIT CARD MERCHANT FEES

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
11			18			2014			

Transaction ID : SB21B.469

Amount of Each Disbursement this Period

0.55

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

243.74

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

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**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. CMDI

Mailing Address 1593 SPRING HILL RD STE 400

City VIENNA State VA Zip Code 22182

Purpose of Disbursement
DATABASE MANAGEMENT SERVICE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2014			

Transaction ID : SB21B.470

Amount of Each Disbursement this Period

4572.25

Category/
Type

Full Name (Last, First, Middle Initial)

B. COMPLIANCE CONSULTING CO. OF VA

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			31			2014			

Transaction ID : SB21B.461

Amount of Each Disbursement this Period

5500.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. COMPLIANCE CONSULTING CO. OF VA

Mailing Address PO BOX 365

City MCLEAN State VA Zip Code 22101

Purpose of Disbursement
COMPLIANCE CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2014			

Transaction ID : SB21B.462

Amount of Each Disbursement this Period

7975.00

Category/
Type

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

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

18047.25

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**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. COURTYARD BY MARRIOTT

Mailing Address 2001 HOSPITALITY CT

City MORRISVILLE State NC Zip Code 27560

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Transaction ID : **SB21B.502**

Amount of Each Disbursement this Period

179.27

Full Name (Last, First, Middle Initial)

B. COURTYARD BY MARRIOTT

Mailing Address 2001 HOSPITALITY CT

City MORRISVILLE State NC Zip Code 27560

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Transaction ID : **SB21B.505**

Amount of Each Disbursement this Period

184.77

Full Name (Last, First, Middle Initial)

C. CREATIVE RESPONSE CONCEPTS

Mailing Address 2760 EISENHOWER AVE, 4TH FLR.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING/TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2014

Transaction ID : **SB21B.491**

Amount of Each Disbursement this Period

13782.00

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

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

14146.04

**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. DELTA

Mailing Address PO BOX 20706

City ATLANTA State GA Zip Code 30320

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SB21B.520

Amount of Each Disbursement this Period

419.10

B. ENGAGE LLC

Full Name (Last, First, Middle Initial)

Mailing Address 814 KING STREET SUITE 400

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
WEB SERVICE

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : SB21B.545

Amount of Each Disbursement this Period

5104.00

C. HYNES COMMUNICATIONS, LLC

Full Name (Last, First, Middle Initial)

Mailing Address 121 BOW STREET, STE 6

City PORTSMOUTH State NH Zip Code 03801

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 18 / 2014

Transaction ID : SB21B.490

Amount of Each Disbursement this Period

40.00

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

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

5563.10

**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. HYNES COMMUNICATIONS, LLC

Mailing Address 121 BOW STREET, STE 6

City PORTSMOUTH State NH Zip Code 03801

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			06			2014			

Transaction ID : SB21B.494

Amount of Each Disbursement this Period

12750.00

Full Name (Last, First, Middle Initial)

B. INNOVATIVE STRATEGIES

Mailing Address 2308 MT. VERNON AVE, STE 320

City ALEXANDRIA State VA Zip Code 22101

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			12			2014			

Transaction ID : SB21B.538

Amount of Each Disbursement this Period

1039.12

Full Name (Last, First, Middle Initial)

C. INTUIT

Mailing Address 2632 MARINES WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement
SUBSCRIPTION

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			07			2014			

Transaction ID : SB21B.500

Amount of Each Disbursement this Period

18.86

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

13807.98

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

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**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. JOPAULSH CONSULTING LLC

Mailing Address PO BOX 31915

City PHILADELPHIA State PA Zip Code 19104

Purpose of Disbursement
DIGITAL CONSULTING

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 Y
11 / 12 / 2014

Transaction ID : SB21B.471

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. KRAMER & ASSOCIATES

Mailing Address 2201 FRANCISCO DR STE 140-183

City EL DORADO HILLS State CA Zip Code 95762

Purpose of Disbursement
FINANCE CONSULTING/TRAVEL

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 Y
11 / 12 / 2014

Transaction ID : SB21B.474

Amount of Each Disbursement this Period

7494.65

Full Name (Last, First, Middle Initial)

C. LANDINI BROTHERS RESTAURANT

Mailing Address 115 KING STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement
FOOD/BEVERAGES

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 Y
10 / 29 / 2014

Transaction ID : SB21B.483

Amount of Each Disbursement this Period

292.86

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

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

10287.51

**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. MARRIOTT

Mailing Address 10400 FERNWOOD RD.

City State Zip Code
BETHESDA MD 20817

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2014

Transaction ID : SB21B.509

Amount of Each Disbursement this Period

348.73

Full Name (Last, First, Middle Initial)

B. MCCORMICK'S FISH HOUSE

Mailing Address 1659 WAZEE ST

City State Zip Code
DENVER CO 80202

Purpose of Disbursement
FACILITY RENTAL/CATERING

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 13 / 2014

Transaction ID : SB21B.473

Amount of Each Disbursement this Period

4387.49

Full Name (Last, First, Middle Initial)

C. MEATH MEDIA GROUP

Mailing Address 4441 KLINGE ST NW

City State Zip Code
WASHINGTON DC 20016

Purpose of Disbursement
MEDIA

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2014

Transaction ID : SB21B.546

Amount of Each Disbursement this Period

11000.00

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

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

15736.22

**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. MLJ CONSULTING, INC.

Mailing Address PO BOX 371

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING/TRAVEL

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
10			23			2014			

Transaction ID : SB21B.492

Amount of Each Disbursement this Period

34811.87

B. MLJ CONSULTING, INC.

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 371

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			24			2014			

Transaction ID : SB21B.493

Amount of Each Disbursement this Period

30000.00

C. MORGAN FLORIST

Full Name (Last, First, Middle Initial)

Mailing Address 320 THOMPSON AVE

City EL DORADO State AR Zip Code 71730

Purpose of Disbursement
FLORAL EXPENSE

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
11			21			2014			

Transaction ID : SB21B.475

Amount of Each Disbursement this Period

85.55

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

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

64897.42

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**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. NYC TAXI

Mailing Address 33 BEAVER ST.

City NEW YORK State NY Zip Code 10004

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2014

Transaction ID : SB21B.513

Amount of Each Disbursement this Period

12.60

Full Name (Last, First, Middle Initial)

B. NYC TAXI

Mailing Address 33 BEAVER ST.

City NEW YORK State NY Zip Code 10004

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 30 / 2014

Transaction ID : SB21B.525

Amount of Each Disbursement this Period

4.00

Full Name (Last, First, Middle Initial)

C. POSH NOSH CATERING INC

Mailing Address 521 CAPITAL BLVD

City RALEIGH State NC Zip Code 27603

Purpose of Disbursement
CATERING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2014

Transaction ID : SB21B.460

Amount of Each Disbursement this Period

624.87

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

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

641.47

**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. RED D

Mailing Address PO BOX 12472

City DENVER State CO Zip Code 80212

Purpose of Disbursement
FUNDRAISING CONSULTING

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 Y
10 / 20 / 2014

Transaction ID : SB21B.484

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B. RED D

Mailing Address PO BOX 12472

City DENVER State CO Zip Code 80212

Purpose of Disbursement
FUNDRAISING CONSULTING

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 Y
11 / 06 / 2014

Transaction ID : SB21B.485

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C. SNHU CONFERENCE SERVICES

Mailing Address 2500 N RIVER RD

City HOOKSETT State NH Zip Code 03106

Purpose of Disbursement
TELEPHONE SERVICE

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 Y
10 / 28 / 2014

Transaction ID : SB21B.501

Amount of Each Disbursement this Period

350.00

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

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

20350.00

**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. SOUTHWEST AIRLINES

Mailing Address 23703 AIR FRIEGHT LANE

City State Zip Code
STERLING VA 20166

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 05 / 2014

Transaction ID : **SB21B.537**

Amount of Each Disbursement this Period

456.10

Full Name (Last, First, Middle Initial)

B. STAGE DOOR RESTAURANT

Mailing Address 5 PENNSYLVANIA PLAZA

City State Zip Code
NEW YORK NY 10001

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 24 / 2014

Transaction ID : **SB21B.481**

Amount of Each Disbursement this Period

13.25

Full Name (Last, First, Middle Initial)

C. SUBWAY

Mailing Address 3227 DUKE ST

City State Zip Code
ALEXANDRIA VA 22314

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 23 / 2014

Transaction ID : **SB21B.479**

Amount of Each Disbursement this Period

6.81

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

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

476.16

**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. SWIFT LIMOS LLC

Mailing Address 14631 LEE HIGWAY

City State Zip Code
CENTREVILLE VA 20121

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2014

Transaction ID : SB21B.508

Amount of Each Disbursement this Period

153.60

Full Name (Last, First, Middle Initial)

B. SWIFT LIMOS LLC

Mailing Address 14631 LEE HIGWAY

City State Zip Code
CENTREVILLE VA 20121

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2014

Transaction ID : SB21B.514

Amount of Each Disbursement this Period

121.60

Full Name (Last, First, Middle Initial)

C. SWIFT LIMOS LLC

Mailing Address 14631 LEE HIGWAY

City State Zip Code
CENTREVILLE VA 20121

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2014

Transaction ID : SB21B.521

Amount of Each Disbursement this Period

115.20

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

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

390.40

**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. SWIFT LIMOS LLC

Mailing Address 14631 LEE HIGWAY

City State Zip Code
CENTREVILLE VA 20121

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		30		2014

Transaction ID : SB21B.526

Amount of Each Disbursement this Period

115.20

Full Name (Last, First, Middle Initial)

B. SWIFT LIMOS LLC

Mailing Address 14631 LEE HIGWAY

City State Zip Code
CENTREVILLE VA 20121

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		03		2014

Transaction ID : SB21B.533

Amount of Each Disbursement this Period

115.20

Full Name (Last, First, Middle Initial)

C. SWIFT LIMOS LLC

Mailing Address 14631 LEE HIGWAY

City State Zip Code
CENTREVILLE VA 20121

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		12		2014

Transaction ID : SB21B.539

Amount of Each Disbursement this Period

115.20

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

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

345.60

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**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. SWIFT LIMOS LLC

Mailing Address 14631 LEE HIGWAY

City State Zip Code
CENTREVILLE VA 20121

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		17		2014

Transaction ID : SB21B.540

Amount of Each Disbursement this Period

249.60

Full Name (Last, First, Middle Initial)

B. SWIFT LIMOS LLC

Mailing Address 14631 LEE HIGWAY

City State Zip Code
CENTREVILLE VA 20121

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		24		2014

Transaction ID : SB21B.543

Amount of Each Disbursement this Period

147.20

Full Name (Last, First, Middle Initial)

C. SWIFT LIMOS LLC

Mailing Address 14631 LEE HIGWAY

City State Zip Code
CENTREVILLE VA 20121

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		24		2014

Transaction ID : SB21B.544

Amount of Each Disbursement this Period

147.20

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

544.00

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

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**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. TARBELL COMPANIES, INC.

Mailing Address 66 CANAL CENTER PLAZA STE 500

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement RESEARCH CONSULTING/POLITICAL STRATEGY CONSULTING

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Transaction ID : SB21B.499

Amount of Each Disbursement this Period

18640.00

Full Name (Last, First, Middle Initial)

B. THE CAPITAL GRILLE

Mailing Address 601 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2014

Transaction ID : SB21B.478

Amount of Each Disbursement this Period

103.73

Full Name (Last, First, Middle Initial)

C. THE CAPITAL GRILLE

Mailing Address 601 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2014

Transaction ID : SB21B.480

Amount of Each Disbursement this Period

267.23

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

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

19010.96

**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. THE LUKENS COMPANY

Mailing Address 2800 SHIRLINGTON RD 9TH FLR

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
PRINTING/POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2014

Transaction ID : SB21B.497

Amount of Each Disbursement this Period

4302.08

Full Name (Last, First, Middle Initial)

B. THE LUKENS COMPANY

Mailing Address 2800 SHIRLINGTON RD 9TH FLR

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement
PRINTING/POSTAGE/WEB SERVICE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
11 / 12 / 2014

Transaction ID : SB21B.498

Amount of Each Disbursement this Period

91297.37

Full Name (Last, First, Middle Initial)

C. THE PERFECT LANDING RESTAURANT

Mailing Address 7625 S PEORIA ST

City ENGLEWOOD State CO Zip Code 80112

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2014

Transaction ID : SB21B.477

Amount of Each Disbursement this Period

25.10

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

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

95624.55

**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. THE SUSHI BAR

Mailing Address 2312 MT VERNON AVE

City ALEXANDRIA State VA Zip Code 22301

Purpose of Disbursement
FOOD/BEVERAGES

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2014

Transaction ID : SB21B.482

Amount of Each Disbursement this Period

17.74

Full Name (Last, First, Middle Initial)

B. THE WESTIN O'HARE

Mailing Address 6100 N RIVER RD

City ROSEMONT State IL Zip Code 60018

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2014

Transaction ID : SB21B.506

Amount of Each Disbursement this Period

326.57

Full Name (Last, First, Middle Initial)

C. THE WESTIN O'HARE

Mailing Address 6100 N RIVER RD

City ROSEMONT State IL Zip Code 60018

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 20 / 2014

Transaction ID : SB21B.510

Amount of Each Disbursement this Period

37.21

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

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

381.52

**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. UNION STATION PARKING

Mailing Address 50 MASSACHUSETTS AVE. NE

City WASHINGTON State DC Zip Code 20002

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 23 / 2014

Transaction ID : **SB21B.516**

Amount of Each Disbursement this Period

44.00

Full Name (Last, First, Middle Initial)

B. UNITED AIRLINES

Mailing Address PO BOX 4607

City HOUSTON State TX Zip Code 77210

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Transaction ID : **SB21B.503**

Amount of Each Disbursement this Period

355.10

Full Name (Last, First, Middle Initial)

C. UNITED AIRLINES

Mailing Address PO BOX 4607

City HOUSTON State TX Zip Code 77210

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Transaction ID : **SB21B.504**

Amount of Each Disbursement this Period

355.10

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

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

754.20

**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. UNITED AIRLINES

Mailing Address PO BOX 4607

City HOUSTON State TX Zip Code 77210

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2014

Transaction ID : **SB21B.507**

Amount of Each Disbursement this Period

106.40

Full Name (Last, First, Middle Initial)

B. US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD.

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2014

Transaction ID : **SB21B.512**

Amount of Each Disbursement this Period

205.10

Full Name (Last, First, Middle Initial)

C. US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD.

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 27 / 2014

Transaction ID : **SB21B.518**

Amount of Each Disbursement this Period

178.10

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

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

489.60

**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. US AIRWAYS

Mailing Address 4000 E SKY HARBOR BLVD.

City PHOENIX State AZ Zip Code 85034

Purpose of Disbursement
TRAVEL

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2014

Transaction ID : SB21B.524

Amount of Each Disbursement this Period

596.10

Full Name (Last, First, Middle Initial)

B. USPS

Mailing Address 475 L'ENFANT PLAZA SW, RM4012

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2014

Transaction ID : SB21B.495

Amount of Each Disbursement this Period

196.00

Full Name (Last, First, Middle Initial)

C. USPS

Mailing Address 475 L'ENFANT PLAZA SW, RM4012

City WASHINGTON State DC Zip Code 20260

Purpose of Disbursement
POSTAGE

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2014

Transaction ID : SB21B.496

Amount of Each Disbursement this Period

19.99

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

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

812.09

**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)
Unlocking Potential PAC

Full Name (Last, First, Middle Initial)

A. WILEY REIN, LLP

Mailing Address 1776 K STREET, NW

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement
LEGAL CONSULTING

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 Y Y
10 / 27 / 2014

Transaction ID : SB21B.486

Amount of Each Disbursement this Period

14874.50

Full Name (Last, First, Middle Initial)

B.

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

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

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

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

Amount of Each Disbursement this Period

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

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

14874.50

303753.68

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unlocking Potential PAC	FEC IDENTIFICATION NUMBER ▼ C C00564534
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee MAJORITY STRATEGIES INC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 135 PROFESSIONAL DRIVE SUITE 104		Amount 35327.04	
City PONTE VEDRA BEACH	State FL	Zip Code 32082	Transaction ID : SE24-999.009
Purpose of Expenditure WEB SERVICE	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 20 / 2014	
Name of Federal Candidate CORY GARDNER		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 107358.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee MEATH MEDIA GROUP		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 22 / 2014	
Mailing Address 4441 KLINGE ST NW		Amount 5000.00	
City WASHINGTON	State DC	Zip Code 20016	Transaction ID : SE24-999.010
Purpose of Expenditure MEDIA	Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 22 / 2014	
Name of Federal Candidate MARK UDALL		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: CO	
Calendar Year-To-Date Per Election for Office Sought 107358.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	40327.04
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CABELL HOBBS [Electronically Filed] Date

Signature MM / DD / YYYY
10 / 20 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Unlocking Potential PAC
FEC IDENTIFICATION NUMBER
C C00564534
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee
MLJ CONSULTING INC
Mailing Address
PO BOX 371
City
ALEXANDRIA State
VA Zip Code
22313
Purpose of Expenditure
STAFF/MANAGEMENT CONSULTING
Category/Type
Name of Federal Candidate
CORY GARDNER
Support
Office Sought:
Senate State:
CO
Calendar Year-To-Date
Per Election for Office Sought
107358.24

Date of Public Distribution/Dissemination
10 / 23 / 2014
Amount
7000.00
Transaction ID : SE24-999.011
Date of Disbursement or Obligation
10 / 23 / 2014
Disbursement For:
General
2014

Full Name of Payee
NEW RIVER RESEARCH INSTITUTE
Mailing Address
2150 COUNTRY CLUB RD STE 221
City
WINSTON-SALEM State
NC Zip Code
27104
Purpose of Expenditure
WEB SERVICE
Category/Type
Name of Federal Candidate
CORY GARDNER
Support
Office Sought:
Senate State:
CO
Calendar Year-To-Date
Per Election for Office Sought
107358.24

Date of Public Distribution/Dissemination
10 / 28 / 2014
Amount
1767.33
Transaction ID : SE24-999.012
Date of Disbursement or Obligation
10 / 29 / 2014
Disbursement For:
General
2014

(a) SUBTOTAL of Itemized Independent Expenditures 8767.33
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.
CABELL HOBBS
[Electronically Filed]
Date
10 / 23 / 2014
Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unlocking Potential PAC	FEC IDENTIFICATION NUMBER ▼ C C00564534
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y	

Full Name of Payee MEATH MEDIA GROUP	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 22 / 2014
Mailing Address 4441 KLINGE ST NW	Amount 5500.00
City State Zip Code WASHINGTON DC 20016	
Purpose of Expenditure MEDIA	Category/Type
Name of Federal Candidate JEANNE SHAHEEN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 186824.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MLJ CONSULTING INC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y 10 / 23 / 2014
Mailing Address PO BOX 371	Amount 13000.00
City State Zip Code ALEXANDRIA VA 22313	
Purpose of Expenditure STAFF/MANAGEMENT CONSULTING/TRAVEL	Category/Type
Name of Federal Candidate JEANNE SHAHEEN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u>
Calendar Year-To-Date Per Election for Office Sought 186824.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	18500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CABELL HOBBS [Electronically Filed] Date M M / D D / Y Y Y Y
10 / 22 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unlocking Potential PAC	FEC IDENTIFICATION NUMBER ▼ C C00564534
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee SPECTRUM MARKETING COMPANIES	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 24 / 2014
Mailing Address 95 EDDY ROAD SUITE	Amount 44062.50
City State Zip Code MANCHESTER NH 03102	Transaction ID : SE24-999.015 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 24 / 2014
Purpose of Expenditure PRINTING/POSTAGE	Category/Type
Name of Federal Candidate JEANNE SHAHEEN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NH
Calendar Year-To-Date Per Election for Office Sought 186824.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee SPECTRUM MARKETING COMPANIES	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 27 / 2014
Mailing Address 95 EDDY ROAD SUITE	Amount 1761.82
City State Zip Code MANCHESTER NH 03102	Transaction ID : SE24-999.016 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2014
Purpose of Expenditure PRINTING/POSTAGE	Category/Type
Name of Federal Candidate JEANNE SHAHEEN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NH
Calendar Year-To-Date Per Election for Office Sought 186824.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	45824.32
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CABELL HOBBS [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
10 / 24 / 2014

Signature _____

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unlocking Potential PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00564534 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee NEW RIVER RESEARCH INSTITUTE	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 28 / 2014 </div>						
Mailing Address 2150 COUNTRY CLUB RD STE 221	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 1767.34 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>WINSTON-SALEM</td> <td>NC</td> <td>27104</td> </tr> </table>	City	State	Zip Code	WINSTON-SALEM	NC	27104	Transaction ID : SE24-999.017 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 29 / 2014 </div>
City	State	Zip Code					
WINSTON-SALEM	NC	27104					
Purpose of Expenditure WEB SERVICE	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>						
Name of Federal Candidate JEANNE SHAHEEN	<input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 186824.16 </div>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NH</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee JOPAULSH CONSULTING LLC	Date of Public Distribution/Dissemination <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 21 / 2014 </div>						
Mailing Address PO BOX 31915	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 21950.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">City</td> <td style="width:30%;">State</td> <td style="width:40%;">Zip Code</td> </tr> <tr> <td>PHILADELPHIA</td> <td>PA</td> <td>19104</td> </tr> </table>	City	State	Zip Code	PHILADELPHIA	PA	19104	Transaction ID : SE24-999.018 Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> M M / D D / Y Y Y Y Y Y 10 / 21 / 2014 </div>
City	State	Zip Code					
PHILADELPHIA	PA	19104					
Purpose of Expenditure DIGITAL CONSULTING/WEB SERVICE/PRINTING	Category/Type <div style="border: 1px solid black; width: 50px; height: 20px;"></div>						
Name of Federal Candidate JONI K ERNST	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> 213220.05 </div>	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>IA</u> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 23717.34 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 0.00 </div>
(c) TOTAL Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> 23717.34 </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CABELL HOBBS
[Electronically Filed]
Date
M M / D D / Y Y Y Y Y Y
10 / 28 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unlocking Potential PAC	FEC IDENTIFICATION NUMBER ▼ C C00564534
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee MEATH MEDIA GROUP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Mailing Address 4441 KLINGE ST NW	Amount 5000.00
City WASHINGTON State DC Zip Code 20016	Transaction ID : SE24-999.019 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Purpose of Expenditure MEDIA Category/Type 	Name of Federal Candidate <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose BRUCE L BRALEY Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 213220.05	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee MLJ CONSULTING INC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Mailing Address PO BOX 371	Amount 5000.00
City ALEXANDRIA State VA Zip Code 22313	Transaction ID : SE24-999.020 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 23 / 2014
Purpose of Expenditure STAFF/TRAVEL Category/Type 	Name of Federal Candidate <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose JONI K ERNST Office Sought: <input type="checkbox"/> House District: <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 213220.05	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	10000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CABELL HOBBS [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unlocking Potential PAC	FEC IDENTIFICATION NUMBER ▼ C C00564534
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee SPECTRUM MARKETING COMPANIES	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 27 / 2014
Mailing Address 95 EDDY ROAD SUITE	Amount 1761.82
City State Zip Code MANCHESTER NH 03102	Transaction ID : SE24-999.021 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 27 / 2014
Purpose of Expenditure PRINTING/POSTAGE	Category/Type
Name of Federal Candidate JONI K ERNST	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: IA
Calendar Year-To-Date Per Election for Office Sought 213220.05	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee NEW RIVER RESEARCH INSTITUTE	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 28 / 2014
Mailing Address 2150 COUNTRY CLUB RD STE 221	Amount 1767.33
City State Zip Code WINSTON-SALEM NC 27104	Transaction ID : SE24-999.022 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 29 / 2014
Purpose of Expenditure WEB SERVICE	Category/Type
Name of Federal Candidate JONI K ERNST	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/> District: _____ <input type="checkbox"/> State: IA
Calendar Year-To-Date Per Election for Office Sought 213220.05	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	3529.15
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CABELL HOBBS [Electronically Filed] Date M M / D D / Y Y Y Y Y Y
10 / 27 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unlocking Potential PAC	FEC IDENTIFICATION NUMBER ▼ C C00564534
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee MEATH MEDIA GROUP	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Mailing Address 4441 KLINGE ST NW	Amount 5000.00
City WASHINGTON State DC Zip Code 20016	Transaction ID : SE24-999.023 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2014
Purpose of Expenditure MEDIA Category/Type []	Name of Federal Candidate KAY R HAGAN <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 5000.00	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee MLJ CONSULTING INC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 11 / 02 / 2014
Mailing Address PO BOX 371	Amount 14500.00
City ALEXANDRIA State VA Zip Code 22313	Transaction ID : SE24-999.024 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Purpose of Expenditure MESSAGE PHONE CALLS/TRAVEL Category/Type []	Name of Federal Candidate JEANNE SHAHEEN <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH
Calendar Year-To-Date Per Election for Office Sought 186824.16	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	19500.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	[]
(c) TOTAL Independent Expenditures..... ▶	[]

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CABELL HOBBS [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
10 / 22 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) Unlocking Potential PAC	FEC IDENTIFICATION NUMBER C C00564534
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee MLJ CONSULTING INC	Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014
Mailing Address PO BOX 371	Amount 21000.00
City ALEXANDRIA State VA Zip Code 22313	Transaction ID : SE24-999.025
Purpose of Expenditure MESSAGE PHONE CALLS/TRAVEL Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 11 / 03 / 2014
Name of Federal Candidate JONI K ERNST <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: IA
Calendar Year-To-Date Per Election for Office Sought 213220.05	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
City State Zip Code	Date of Disbursement or Obligation
Purpose of Expenditure Category/Type	
Name of Federal Candidate <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	21000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	191165.18

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

CABELL HOBBS [Electronically Filed] Date **11 / 02 / 2014**

Signature _____