

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

12FE4M5

Balance of Power PAC

ADDRESS (number and street)

PO Box 4351-732

Check if different than previously reported. (ACC)

Hollywood

CA

90078

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00559765

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

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

(b) Monthly Report Due On:

- 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 PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on

MM / DD / YYYY

in the State of

CA

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

- General (30G)
- Runoff (30R)
- Special (30S)

Election on

MM / DD / YYYY

in the State of

DC

5. Covering Period

MM / DD / YYYY

through

MM / DD / YYYY

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

Deskin, Sam, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Deskin, Sam, , ,

[Electronically Filed]

Date

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office Use Only

FEC FORM 3X Rev. 05/2016

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**Balance of Power PAC**

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2016"/>	<input type="text" value=""/>	<input type="text" value="10642.21"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="45596.74"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="159278.62"/>	<input type="text" value="392730.08"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="204875.36"/>	<input type="text" value="403372.29"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="187745.13"/>	<input type="text" value="386242.06"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="17130.23"/>	<input type="text" value="17130.23"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="45000.00"/>	

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  
**Balance of Power PAC**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	11952.00	16882.13
(ii) Unitemized .....	147326.62	375847.95
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	159278.62	392730.08
(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) .....	159278.62	392730.08
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	159278.62	392730.08
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	159278.62	392730.08

**DETAILED SUMMARY PAGE**

of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	187745.13	383113.02
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	187745.13	383113.02
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	3100.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	29.04
(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	29.04
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	187745.13	386242.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	187745.13	386242.06

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	159278.62	392730.08
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	29.04
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	159278.62	392701.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	187745.13	383113.02
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	187745.13	383113.02

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

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

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Balance of Power PAC**

**A. Bardsley, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3624 Solana Cir  
 Unit A  
 City Clermont State FL Zip Code 34711-5175  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Consultant, self employed Occupation (for Individual) Consultant, self employed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 05 / 2016  
**Transaction ID : VNHWMFDYP95**  
 Amount of Each Receipt this Period 120.00  
 Memo Item

**B. Bloch, Ellen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4392 NW 51st Ct  
 City Coconut Creek State FL Zip Code 33073-2909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 60.00

Date of Receipt 10 / 02 / 2016  
**Transaction ID : VNHWMFDXCK4**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**C. Bloch, Ellen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4392 NW 51st Ct  
 City Coconut Creek State FL Zip Code 33073-2909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 90.00

Date of Receipt 10 / 15 / 2016  
**Transaction ID : VNHWMFDXCH8**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	210.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Balance of Power PAC**

**A. Bloch, Ellen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4392 NW 51st Ct  
 City Coconut Creek State FL Zip Code 33073-2909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 20 / 2016  
**Transaction ID : VNHWMFDXCJ6**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**B. Bloch, Ellen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 4392 NW 51st Ct  
 City Coconut Creek State FL Zip Code 33073-2909  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 10 / 20 / 2016  
**Transaction ID : VNHWMFDXCM2**  
 Amount of Each Receipt this Period 70.00  
 Memo Item

**C. Clark, Jane, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 11241 Willow Gardens Dr  
 11241 Willow Gardens Drive  
 City Windermere State FL Zip Code 34786-6020  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Clark & Whitaker PA Occupation (for Individual) attorney,  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 22 / 2016  
**Transaction ID : VNHWMFDW4G6**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	190.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 26
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**Balance of Power PAC**

**A. Clements, Carolyn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 111 Tappan Ln  
 City Orinda State CA Zip Code 94563-1013  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) retired Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 380.00

Date of Receipt 10 / 03 / 2016  
**Transaction ID : VNHWMFE35R5**  
 Amount of Each Receipt this Period 380.00  
 Memo Item

**B. Corretjer, Millie, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 70 S San Rafael Ave  
 City Pasadena State CA Zip Code 91105-1521  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Homemaker Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 10 / 20 / 2016  
**Transaction ID : VNHWMFDTN41**  
 Amount of Each Receipt this Period 270.00  
 Memo Item

**C. Demarest, Joan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2900 NE Pilkington Ave  
 City Corvallis State OR Zip Code 97330-9638  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lawyer self Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 120.00

Date of Receipt 10 / 01 / 2016  
**Transaction ID : VNHWMFDXBM1**  
 Amount of Each Receipt this Period 120.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	770.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Balance of Power PAC**

**A. Demarest, Joan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2900 NE Pilkington Ave  
 City Corvallis State OR Zip Code 97330-9638  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Lawyer self Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 04 / 2016  
**Transaction ID : VNHWMFDXBN9**  
 Amount of Each Receipt this Period 180.00  
 Memo Item

**B. Enochs, Brooke, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2287 Evening PI  
 City Rock Hill State SC Zip Code 29732-2393  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Application Engineer, Engineered Sales Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3355.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : VNHWMFDZ3F1**  
 Amount of Each Receipt this Period 3355.00  
 Memo Item

**C. Hatton, Joanne, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7302 Trace Chain Dr  
 City Austin State TX Zip Code 78749-2141  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Student and Real estate staging self e Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 19 / 2016  
**Transaction ID : VNHWMFDX128**  
 Amount of Each Receipt this Period 210.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3745.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)  
**Balance of Power PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Ideis, Naheda, , ,</b>			Date of Receipt MM / DD / YYYY 11 / 08 / 2016
Mailing Address 12345 Howland Park Dr			<b>Transaction ID : VNHWMFDVGJ8</b>
City Plymouth	State MI	Zip Code 48170-6908	Amount of Each Receipt this Period 210.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self employed		Occupation (for Individual) Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 210.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Jacobs, Barbara, , ,</b>			Date of Receipt MM / DD / YYYY 10 / 25 / 2016
Mailing Address 2635 4th St 2635 4th Street			<b>Transaction ID : VNHWMFDVEP6</b>
City Santa Monica	State CA	Zip Code 90405-4203	Amount of Each Receipt this Period 30.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) Self Employed		Occupation (for Individual) Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 657.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. JACOBSEN, JOANN, , ,</b>			Date of Receipt MM / DD / YYYY 10 / 16 / 2016
Mailing Address 20 E 9th St 10-U			<b>Transaction ID : VNHWMFDTM81</b>
City New York	State NY	Zip Code 10003-5944	Amount of Each Receipt this Period 1300.00
FEC ID number of contributing federal political committee. C			<input type="checkbox"/> Memo Item
Name of Employer (for Individual) STUDENT		Occupation (for Individual) Information Requested	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 2900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1540.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)  
**Balance of Power PAC**

**A. JACOBSEN, JOANN, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 20 E 9th St  
 10-U  
 City New York State NY Zip Code 10003-5944  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) STUDENT Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2900.00

Date of Receipt 10 / 16 / 2016  
**Transaction ID : VNHWMFDTM99**  
 Amount of Each Receipt this Period 1600.00  
 Memo Item

**B. Kenefick, Catherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6 Barnstable Rd  
 City Berkeley Heights State NJ Zip Code 07922-1748  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) - Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 23 / 2016  
**Transaction ID : VNHWMFE0W79**  
 Amount of Each Receipt this Period 300.00  
 Memo Item

**C. Korman, Laura, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City Los Angeles State CA Zip Code 90024  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Gallery Owner Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 850.00

Date of Receipt 10 / 17 / 2016  
**Transaction ID : VNHWMFDVE10**  
 Amount of Each Receipt this Period 850.00  
 Memo Item

**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 12 OF 26
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**Balance of Power PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Lambros, Joyce, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 22 / 2016
Mailing Address 34 Grandview Dr 34 grandview drive		<b>Transaction ID : VNHWMFDTTA0</b>
City Rocky River	State OH	Zip Code 44116-2376
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 90.00
Name of Employer (for Individual) President	Occupation (for Individual) Manangement	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Mcferrin, Kathy, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 19 / 2016
Mailing Address 2117 NW Flanders St 2117 NW Flanders St		<b>Transaction ID : VNHWMFDWQ00</b>
City Portland	State OR	Zip Code 97210-3405
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
Name of Employer (for Individual) I am retirexld	Occupation (for Individual) I am retirexld	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 310.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Mills, Barbara, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2016
Mailing Address 39 Bennett Dr 39 Bennett Drive		<b>Transaction ID : VNHWMFDTR05</b>
City Doylestown	State PA	Zip Code 18901-4876
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Retired teacher	Occupation (for Individual) Retired teacher	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 190.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	290.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 13 OF 26  
(check only one)

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

**A. Mills, Barbara, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 39 Bennett Dr  
39 Bennett Drive

City Doylestown State PA Zip Code 18901-4876

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

Name of Employer (for Individual) Retired teacher Occupation (for Individual) Retired teacher

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
10 / 09 / 2016  
Transaction ID : VNHWMFDTQY0

Amount of Each Receipt this Period  
30.00

Memo Item

**B. Odo, Brian, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2882 Geary Blvd  
2882 geary blvd.

City San Francisco State CA Zip Code 94118-3408

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

Name of Employer (for Individual) BOL Global CPA Occupation (for Individual) BOL Global CPA

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
212.25

Date of Receipt  
10 / 02 / 2016  
Transaction ID : VNHWMFDWCN1

Amount of Each Receipt this Period  
150.00

Memo Item

**C. Pfeil, Richard, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 902 N Main St  
Unit 131

City San Angelo State TX Zip Code 76903-4088

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

Name of Employer (for Individual) Retired Occupation (for Individual) Retired

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
225.00

Date of Receipt  
10 / 01 / 2016  
Transaction ID : VNHWMFDZHW2

Amount of Each Receipt this Period  
35.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 215.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 26
	<input 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)  
**Balance of Power PAC**

**A. Porterfield, Kathleen, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 895 River Rd  
 895 River Rd  
 City Selkirk State NY Zip Code 12158-4029  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Air Products & Chemicals Inc Occupation (for Individual) Homemaker  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 240.00

Date of Receipt  
 11 / 08 / 2016  
**Transaction ID : VNHWMFDX856**  
 Amount of Each Receipt this Period  
 60.00  
 Memo Item

**B. Raviv, Batsheva, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 902 E Estates Dr  
 902 East Estates dr  
 City Cupertino State CA Zip Code 95014-4560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) unemployed Occupation (for Individual) unemployed  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 117.25

Date of Receipt  
 10 / 02 / 2016  
**Transaction ID : VNHWMFDW696**  
 Amount of Each Receipt this Period  
 30.00  
 Memo Item

**C. Raviv, Batsheva, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 902 E Estates Dr  
 902 East Estates dr  
 City Cupertino State CA Zip Code 95014-4560  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) unemployed Occupation (for Individual) unemployed  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 207.25

Date of Receipt  
 10 / 28 / 2016  
**Transaction ID : VNHWMFDW5Y9**  
 Amount of Each Receipt this Period  
 90.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	180.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 15 OF 26
	(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)  
**Balance of Power PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Reeves, Thomas zane, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 02 / 2016
Mailing Address 1304 Camino Ecuestre NW 1304 camino ecuestre nw		<b>Transaction ID : VNHWMFDWTA5</b>
City Albuquerque	State NM	Zip Code 87107-2613
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) retired professor	Occupation (for Individual) retired professor	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Reis, Kristine, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 01 / 2016
Mailing Address 35 Valley Rd 35 Valley Road		<b>Transaction ID : VNHWMFDY971</b>
City Atherton	State CA	Zip Code 94027-6434
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer (for Individual) Teacher	Occupation (for Individual) Teacher	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 144.13	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Reis, Kristine, , ,</b>		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 07 / 2016
Mailing Address 35 Valley Rd 35 Valley Road		<b>Transaction ID : VNHWMFDY963</b>
City Atherton	State CA	Zip Code 94027-6434
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 30.00
Name of Employer (for Individual) Teacher	Occupation (for Individual) Teacher	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 174.13	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	110.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)  
**Balance of Power PAC**

**A. Reis, Kristine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 35 Valley Rd  
 35 Valley Road  
 City Atherton State CA Zip Code 94027-6434  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Teacher Occupation (for Individual) Teacher  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 204.13

Date of Receipt 10 / 21 / 2016  
**Transaction ID : VNHWMFDY955**  
 Amount of Each Receipt this Period 30.00  
 Memo Item

**B. Roper, Notra, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City Ellenwood State GA Zip Code 30294  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self Employed Occupation (for Individual) Corporate Flight Attendant  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 212.70

Date of Receipt 11 / 08 / 2016  
**Transaction ID : VNHWMFDW103**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**C. Sischo, Robin, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2026 N Thorne Ave  
 2026 N. Thorne Ave  
 City Fresno State CA Zip Code 93704-5941  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Teacher-fresno unified school district Occupation (for Individual) Fresno Unified School District  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 226.00

Date of Receipt 10 / 06 / 2016  
**Transaction ID : VNHWMFDXCC8**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	240.00
<b>TOTAL</b> This Period (last page this line number only).....	



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

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

FOR LINE NUMBER: PAGE 17 OF 26  
(check only one)

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

**A. Solomon, Jessica, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 401 E 74th St  
Apt 15M

City New York State NY Zip Code 10021-3925

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

Name of Employer (for Individual) Home maker Occupation (for Individual) Home maker

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1142.00

Date of Receipt  
10 / 17 / 2016  
Transaction ID : **VNHWMFE16H7**

Amount of Each Receipt this Period  
1082.00

Memo Item

**B. Stoia, Kate, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4030 23rd St

City San Francisco State CA Zip Code 94114-3214

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

Name of Employer (for Individual) Attorney self-employed Occupation (for Individual) Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
10 / 26 / 2016  
Transaction ID : **VNHWMFDWAS9**

Amount of Each Receipt this Period  
300.00

Memo Item

**C. Vargas, Joseph, , ,**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10 N Central Hwy  
10 North Central Highway

City Garnerville State NY Zip Code 10923-1227

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

Name of Employer (for Individual) retired Occupation (for Individual) Engineer- Retired

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
10 / 01 / 2016  
Transaction ID : **VNHWMFDZSS7**

Amount of Each Receipt this Period  
60.00

Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1442.00

**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 18 OF 26  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Balance of Power PAC**

**A. Vollmer, Elizabeth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 573 W Silvertip Rd  
 573 w Silvertip rd  
 City Oro Valley State AZ Zip Code 85737-3705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Retired LCSW Occupation (for Individual) Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 18 / 2016  
**Transaction ID : VNHWMFDX965**  
 Amount of Each Receipt this Period 60.00  
 Memo Item

**B. Waitt, Joan, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 7243 Encelia Dr  
 City La Jolla State CA Zip Code 92037-5727  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self employed Occupation (for Individual) Information Requested  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt 10 / 09 / 2016  
**Transaction ID : VNHWMFDZXX5**  
 Amount of Each Receipt this Period 210.00  
 Memo Item

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

Date of Receipt  
 Amount of Each Receipt this Period  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	270.00
<b>TOTAL</b> This Period (last page this line number only).....▶	11952.00

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Balance of Power PAC**

Full Name (Last, First, Middle Initial) <b>A. Bruce Lurie Gallery</b>		Date of Disbursement MM / DD / YYYY 10 / 20 / 2016
Mailing Address 2736 S La Cienega Blvd		FEC Identification Number C [ ] <b>Transaction ID : VNGXCA7VK</b> Amount of Each Disbursement this Period [ ] 3480.00
City Los Angeles	State CA	Zip Code 90034-2627
Purpose of Disbursement Venue Rental Fee		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Doskin Firm</b>		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016
Mailing Address PO Box 4351-732		FEC Identification Number C [ ] <b>Transaction ID : VNGXCA7VK</b> Amount of Each Disbursement this Period [ ] 10000.00
City Hollywood	State CA	Zip Code 90078
Purpose of Disbursement Subcontractor		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Gohlich, Dustin, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 14 / 2016
Mailing Address 128 Romaine Dr		FEC Identification Number C [ ] <b>Transaction ID : VNGXCA7VK</b> Amount of Each Disbursement this Period [ ] 1916.58
City Santa Barbara	State CA	Zip Code 93105-4130
Purpose of Disbursement Marketing Fees		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 15396.58
<b>TOTAL</b> 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Balance of Power PAC**

Full Name (Last, First, Middle Initial) <b>A. Gohlich, Dustin, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016	
Mailing Address 128 Romaine Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : VNGXCA7VK</b> Amount of Each Disbursement this Period [REDACTED] 1223.86	
City Santa Barbara	State CA	Zip Code 93105-4130	Category/ Type [REDACTED]
Purpose of Disbursement Marketing Fees		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>B. Lockwood, Mike, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 11 / 2016	
Mailing Address 7121 Hillside Ave Apt 3		FEC Identification Number C [REDACTED] <b>Transaction ID : VNGXCA7VKI</b> Amount of Each Disbursement this Period [REDACTED] 68.75	
City Los Angeles	State CA	Zip Code 90046-2388	Category/ Type [REDACTED]
Purpose of Disbursement Research		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) <b>C. Made to Order Software Corporation</b>		Date of Disbursement MM / DD / YYYY 10 / 25 / 2016	
Mailing Address 9275 Blue Oak Dr		FEC Identification Number C [REDACTED] <b>Transaction ID : VNGXCA7VK</b> Amount of Each Disbursement this Period [REDACTED] 2440.00	
City Orangevale	State CA	Zip Code 95662-5326	Category/ Type [REDACTED]
Purpose of Disbursement Web Development		Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:	<input type="checkbox"/> Memo Item		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 3732.61
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

**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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Balance of Power PAC**

Full Name (Last, First, Middle Initial) <b>A. Sandler, Reiff, Lamb, Rosenstein &amp; Birkenstock, PC</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address 1025 Vermont Ave NW Ste 300		FEC Identification Number C [REDACTED] <b>Transaction ID : VNGXCA7VK</b> Amount of Each Disbursement this Period [REDACTED] 200.00
City Washington	State DC	Zip Code 20005-6302
Purpose of Disbursement Legal Fee		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Scott, Iris, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 15 / 2016
Mailing Address 144 Spencer St Apt 320		FEC Identification Number C [REDACTED] <b>Transaction ID : VNGXCA7VK.</b> Amount of Each Disbursement this Period [REDACTED] 2700.00
City Brooklyn	State NY	Zip Code 11205-3960
Purpose of Disbursement Art Acquisition		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Villand, Kiino, , ,</b>		Date of Disbursement MM / DD / YYYY 10 / 17 / 2016
Mailing Address 2415 Meadow Valley Ter		FEC Identification Number C [REDACTED] <b>Transaction ID : VNGXCA7VK</b> Amount of Each Disbursement this Period [REDACTED] 500.00
City Los Angeles	State CA	Zip Code 90039-2527
Purpose of Disbursement DJ fee		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 3400.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

# 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Balance of Power PAC**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2016
Mailing Address PO Box 6995		FEC Identification Number C [ ] <b>Transaction ID : VNGXCA7VM</b> Amount of Each Disbursement this Period [ ] 15000.00
City Portland	State OR	Zip Code 97228-6995
Purpose of Disbursement Credit Card Payment		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 10 / 03 / 2016
Mailing Address PO Box 6995		FEC Identification Number C [ ] <b>Transaction ID : VNGXCA7VM</b> Amount of Each Disbursement this Period [ ] 102.93
City Portland	State OR	Zip Code 97228-6995
Purpose of Disbursement Merchant fee		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 10 / 06 / 2016
Mailing Address PO Box 6995		FEC Identification Number C [ ] <b>Transaction ID : VNGXCA7VM</b> Amount of Each Disbursement this Period [ ] 15000.00
City Portland	State OR	Zip Code 97228-6995
Purpose of Disbursement Credit Card Payment		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 30102.93
<b>TOTAL</b> 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Balance of Power PAC**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 10 / 11 / 2016
Mailing Address PO Box 6995		FEC Identification Number C [ ] <b>Transaction ID : VNGXCA7VM</b> Amount of Each Disbursement this Period [ ] 15000.00
City Portland	State OR	Zip Code 97228-6995
Purpose of Disbursement Credit Card Payment		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 10 / 12 / 2016
Mailing Address PO Box 6995		FEC Identification Number C [ ] <b>Transaction ID : VNGXCA7VM</b> Amount of Each Disbursement this Period [ ] 20000.00
City Portland	State OR	Zip Code 97228-6995
Purpose of Disbursement Credit Card Payment		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 10 / 21 / 2016
Mailing Address PO Box 6995		FEC Identification Number C [ ] <b>Transaction ID : VNGXCA7VM</b> Amount of Each Disbursement this Period [ ] 30000.00
City Portland	State OR	Zip Code 97228-6995
Purpose of Disbursement Credit Card Payment		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 65000.00
<b>TOTAL</b> 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Balance of Power PAC**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 10 / 28 / 2016
Mailing Address PO Box 6995		FEC Identification Number C [ ] <b>Transaction ID : VNGXCA7VM</b> Amount of Each Disbursement this Period [ ] 12000.00
City Portland	State OR	Zip Code 97228-6995
Purpose of Disbursement Credit Card Payment		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 10 / 31 / 2016
Mailing Address PO Box 6995		FEC Identification Number C [ ] <b>Transaction ID : VNGXCA7VM</b> Amount of Each Disbursement this Period [ ] 14000.00
City Portland	State OR	Zip Code 97228-6995
Purpose of Disbursement Credit Card Payment		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2016
Mailing Address PO Box 6995		FEC Identification Number C [ ] <b>Transaction ID : VNGXCA7VK</b> Amount of Each Disbursement this Period [ ] 5.09
City Portland	State OR	Zip Code 97228-6995
Purpose of Disbursement Merchant fee		Category/ Type [ ]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 26005.09
<b>TOTAL</b> 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"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**Balance of Power PAC**

Full Name (Last, First, Middle Initial) <b>A. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 11 / 07 / 2016
Mailing Address PO Box 6995		FEC Identification Number C [REDACTED] <b>Transaction ID : VNGXCA7VM</b> Amount of Each Disbursement this Period 20000.00
City Portland	State OR	Zip Code 97228-6995
Purpose of Disbursement Credit Card Payment		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 11 / 10 / 2016
Mailing Address PO Box 6995		FEC Identification Number C [REDACTED] <b>Transaction ID : VNGXCA7VK</b> Amount of Each Disbursement this Period 15.00
City Portland	State OR	Zip Code 97228-6995
Purpose of Disbursement Bank fee		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>C. Wells Fargo</b>		Date of Disbursement MM / DD / YYYY 11 / 14 / 2016
Mailing Address PO Box 6995		FEC Identification Number C [REDACTED] <b>Transaction ID : VNGXCA7VM</b> Amount of Each Disbursement this Period 23876.92
City Portland	State OR	Zip Code 97228-6995
Purpose of Disbursement Credit Card Payment		Category/ Type [REDACTED]
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	43891.92
<b>TOTAL</b> This Period (last page this line number only).....▶	187529.13

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

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

NAME OF COMMITTEE (In Full)  
**Balance of Power PAC**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <b>Deskin, Samuel, , ,</b>			Nature of Debt (Purpose): Strategic Consulting
Mailing Address 16944 Ventura Blvd Ofc			
City Encino	State CA	Zip Code 91316	

Outstanding Balance Beginning This Period		Transaction ID : VNEYW9HBTQ9	
45000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	45000.00	

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

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

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

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶	45000.00
2) <b>TOTALS</b> This Period (last page this line number only)..... ▶	45000.00
3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶	0.00
4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶	45000.00