

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

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

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

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

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

5. Covering Period [MM] / [DD] / [YYYY] 07 / 01 / 2014 through [MM] / [DD] / [YYYY] 09 / 30 / 2014

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

Type or Print Name of Treasurer Cabell Hobbs

Signature of Treasurer Cabell Hobbs [Electronically Filed] Date 10 / 15 / 2014

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

Office Use Only									
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**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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 type="text" value="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1073302.49"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="568036.89"/>	<input type="text" value="1670901.88"/>
(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="1641339.38"/>	<input type="text" value="1670901.88"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="585692.91"/>	<input type="text" value="615255.41"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="1055646.47"/>	<input type="text" value="1055646.47"/>
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="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

FEC Form 3X (Rev. 06/2004)

Page 3

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).....	457548.00	1560412.99
(ii) Unitemized .....	110281.42	110281.42
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	567829.42	1670694.41
(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) .....	567829.42	1670694.41
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).....	207.47	207.47
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))..... ▶	568036.89	1670901.88
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	568036.89	1670901.88

**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 .....	407178.14	436740.64
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	407178.14	436740.64
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) .....	178514.77	178514.77
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)) ..	585692.91	615255.41
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	585692.91	615255.41

**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) .....	567829.42	1670694.41
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	567829.42	1670694.41
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	407178.14	436740.64
37. Offsets to Operating Expenditures (from Line 15, page 3).....	207.47	207.47
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	406970.67	436533.17

**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 131
	<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)  
**Unlocking Potential PAC**

**A. MR. PAUL E. ANDREWS JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 700 JENKINS ROAD  
 City ALEDO State TX Zip Code 76008-2408  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer T.T.I., INC. Occupation C.E.O.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 18 / 2014  
**Transaction ID : SA11.104557**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. FRANKLIN ANTONIO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2765 CORDOBA CV  
 City DEL MAR State CA Zip Code 92014-3504  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer QUALCOMM TECHNOLOGIES INC Occupation CHIEF SCIENTIST  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 10000.00

Date of Receipt 07 / 26 / 2014  
**Transaction ID : SA11.104114**  
 Amount of Each Receipt this Period 10000.00  
 CONTRIBUTION

**C. MR. DOYLE L. ARNOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1439 E. PERRYS HOLLOW DRIVE  
 City SALT LAKE CITY State UT Zip Code 84103-4254  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer ZIONS BANCORPORATION Occupation EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 19 / 2014  
**Transaction ID : SA11.106206**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10750.00
<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 131
	<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. FRANK E. BAXTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 11100 SANTA MONICA BLVD. 11TH FL

City	State	Zip Code
LOS ANGELES	CA	90025-3384

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 ▼  
5000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	23	/	2014

**Transaction ID : SA11.106318**

Amount of Each Receipt this Period  
5000.00

CONTRIBUTION

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

Mailing Address 345 N. MAPLE DR. #280

City	State	Zip Code
BEVERLY HILLS	CA	90210-5183

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
09	/	30	/	2014

**Transaction ID : SA11.106470**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C. MR. ROGER BONNEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 8580 WOODWAY DR. APT. 1104

City	State	Zip Code
HOUSTON	TX	77063-2464

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
08	/	18	/	2014

**Transaction ID : SA11.104553**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	6000.00
<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 131
	<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. 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 ▼ 1000.00

Date of Receipt 08 / 18 / 2014  
**Transaction ID : SA11.104599**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**B. MS. ROSEMARY H. BRIGGS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4711 WATUGA ROAD  
 City DALLAS State TX Zip Code 75209-1923  
 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 08 / 25 / 2014  
**Transaction ID : SA11.105297**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**C. MS. MABEL W. BROWN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 115 N. STATE STREET  
 City GENESEO State IL Zip Code 61254-1345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation LAWYER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 08 / 25 / 2014  
**Transaction ID : SA11.105325**  
 Amount of Each Receipt this Period 300.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 2300.00  
**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 131
	<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. W. PIERCE BROWNELL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1610 TIBURON BLVD. STE. 201  
 City TIBURON State CA Zip Code 94920-2554  
 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 08 / 19 / 2014  
**Transaction ID : SA11.104951**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. MS. JUDITH O. BURNS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 189 OAK ROAD  
 City ALAMO State CA Zip Code 94507-2760  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 04 / 2014  
**Transaction ID : SA11.104342**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**C. MR. THOMAS CADMAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 29360 CANYON RIM PLACE  
 City CANYON COUNTRY State CA Zip Code 91387-5901  
 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 09 / 08 / 2014  
**Transaction ID : SA11.105921**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 131
	<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. ROXANA CAMMARATA**  
Full Name (Last, First, Middle Initial)

Mailing Address 5901 RIVER DRIVE

City LORTON State VA Zip Code 22079-4128

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 ▼ **1000.00**

Date of Receipt: **08 / 06 / 2014**

**Transaction ID : SA11.104386**

Amount of Each Receipt this Period: **1000.00**

CONTRIBUTION

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

Mailing Address 5250 KNUDSEN DRIVE

City BAKERSFIELD State CA Zip Code 93308-7162

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: **09 / 08 / 2014**

**Transaction ID : SA11.105926**

Amount of Each Receipt this Period: **250.00**

CONTRIBUTION

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

Mailing Address 6205 TURNWOOD DRIVE

City JAMESVILLE State NY Zip Code 13078-9704

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: **08 / 01 / 2014**

**Transaction ID : SA11.104188**

Amount of Each Receipt this Period: **500.00**

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... **1750.00**

**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 131
	<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. BRUCE A. CHOATE**  
Full Name (Last, First, Middle Initial)

Mailing Address 2924 CLIFF DRIVE

City NEWPORT BEACH State CA Zip Code 92663-4016

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

Name of Employer WATSON LAND COMPANY Occupation EXECUTIVE

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  
 07 / 30 / 2014

**Transaction ID : SA11.104139**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

Mailing Address 3716 MAPLEWOOD AVENUE

City DALLAS State TX Zip Code 75205-2827

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 ▼ 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 26 / 2014

**Transaction ID : SA11.106381**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

**C. MRS. JILL COULTER**  
Full Name (Last, First, Middle Initial)

Mailing Address 2222 S. MADISON AVENUE

City TULSA State OK Zip Code 74114-1226

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 ▼ 500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 22 / 2014

**Transaction ID : SA11.106281**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<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 12 OF 131  
(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. BARBARA A. CUMMINGS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17 CYPRESS AVENUE  
 City State Zip Code  
 KENTFIELD CA 94904-1017  
 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 Y Y  
 08 / 04 / 2014  
**Transaction ID : SA11.104321**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. MR. KIRBY DAVIS JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2004 OVERHILL DRIVE  
 City State Zip Code  
 NASHVILLE TN 37215-3415  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 FREEMAN WEBB COMPANIES REAL ESTATE  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2014  
**Transaction ID : SA11.104441**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C. MR. THEODORE DAVIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9974 SCRIPPS RANCH BLVD., #207  
 City State Zip Code  
 SAN DIEGO CA 92131-1825  
 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  
 08 / 04 / 2014  
**Transaction ID : SA11.104261**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00  
**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 131
	<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. MS. PATRICIA DAWSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1873 CARYLE LANE  
 City THE VILLAGES State FL Zip Code 32162-1666  
 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  
 09 / 02 / 2014  
**Transaction ID : SA11.105823**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**B. EARNEST DEAVENPORT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 402 OCEAN OAKS CT  
 City KIAWAH ISLAND State SC Zip Code 29455-5932  
 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  
 09 / 13 / 2014  
**Transaction ID : SA11.106028**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. JILL DILLARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1530 SANTA SABINA  
 City SOLANA BEACH State CA Zip Code 92075-1625  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JOHN DILLARD ENTERPRISES Occupation REAL ESTATE  
 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  
 09 / 16 / 2014  
**Transaction ID : SA11.106103**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2300.00
<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 14 OF 131
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Unlocking Potential PAC**

**A. MR. RICHARD DIODATI**  
Full Name (Last, First, Middle Initial)

Mailing Address 11423 SUNRISE GOLD CIRCLE STE. 16

City	State	Zip Code
RANCHO CORDOVA	CA	95742-6585

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

Name of Employer	Occupation
SELF-EMPLOYED	SELF-EMPLOYED

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	02	/	2014

**Transaction ID : SA11.105824**

Amount of Each Receipt this Period  

300.00
--------

**CONTRIBUTION**

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

Mailing Address 2800 SOUTH SHIRLINGTON RD

City	State	Zip Code
ARLINGTON	VA	22206-3601

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

Name of Employer	Occupation
TLC	DEVELOPER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2014

**Transaction ID : SA11.130**

Amount of Each Receipt this Period  

-2.00
-------

**CONTRIBUTION**

**CHARGED BACK**

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

Mailing Address 2800 SOUTH SHIRLINGTON RD

City	State	Zip Code
ARLINGTON	VA	22206-3601

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

Name of Employer	Occupation
TLC	DEVELOPER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **0.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	09	/	2014

**Transaction ID : SA11.131**

Amount of Each Receipt this Period  

-2.00
-------

**CONTRIBUTION**

**CHARGED BACK**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>296.00</b>
<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 15 OF 131
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Unlocking Potential PAC**

Full Name (Last, First, Middle Initial) <b>A. HARRY DOUGHERTY</b>		Date of Receipt MM / DD / YYYY 07 / 09 / 2014
Mailing Address 2800 SOUTH SHIRLINGTON RD		<b>Transaction ID : SA11.132</b>
City ARLINGTON State VA Zip Code 22206-3601	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period -2.00
Name of Employer TLC Occupation DEVELOPER	Aggregate Year-to-Date ▼ 0.00	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CHARGED BACK

Full Name (Last, First, Middle Initial) <b>B. HARRY DOUGHERTY</b>		Date of Receipt MM / DD / YYYY 07 / 09 / 2014
Mailing Address 2800 SOUTH SHIRLINGTON RD		<b>Transaction ID : SA11.133</b>
City ARLINGTON State VA Zip Code 22206-3601	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period -2.00
Name of Employer TLC Occupation DEVELOPER	Aggregate Year-to-Date ▼ 0.00	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CHARGED BACK

Full Name (Last, First, Middle Initial) <b>C. HARRY DOUGHERTY</b>		Date of Receipt MM / DD / YYYY 07 / 09 / 2014
Mailing Address 2800 SOUTH SHIRLINGTON RD		<b>Transaction ID : SA11.134</b>
City ARLINGTON State VA Zip Code 22206-3601	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period -2.00
Name of Employer TLC Occupation DEVELOPER	Aggregate Year-to-Date ▼ 0.00	CONTRIBUTION
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		CHARGED BACK

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	-6.00
<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 131
	<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	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Unlocking Potential PAC**

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

Mailing Address 2800 SOUTH SHIRLINGTON RD

City ARLINGTON State VA Zip Code 22206-3601

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

Name of Employer TLC Occupation DEVELOPER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 09 / 2014  
Transaction ID : SA11.135

Amount of Each Receipt this Period -2.00

CONTRIBUTION

CHARGED BACK

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

Mailing Address 2800 SOUTH SHIRLINGTON RD

City ARLINGTON State VA Zip Code 22206-3601

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

Name of Employer TLC Occupation DEVELOPER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 09 / 2014  
Transaction ID : SA11.136

Amount of Each Receipt this Period -2.00

CONTRIBUTION

CHARGED BACK

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

Mailing Address 2800 SOUTH SHIRLINGTON RD

City ARLINGTON State VA Zip Code 22206-3601

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

Name of Employer TLC Occupation DEVELOPER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 09 / 2014  
Transaction ID : SA11.137

Amount of Each Receipt this Period -2.00

CONTRIBUTION

CHARGED BACK

**SUBTOTAL** of Receipts This Page (optional)..... ▶ -6.00

**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 131
<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. HARRY DOUGHERTY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2800 SOUTH SHIRLINGTON RD

City ARLINGTON	State VA	Zip Code 22206-3601
-------------------	-------------	------------------------

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

Name of Employer TLC	Occupation DEVELOPER
-------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
07 / 09 / 2014  
**Transaction ID : SA11.138**

Amount of Each Receipt this Period  
-2.00

CONTRIBUTION

CHARGED BACK

**B. HARRY DOUGHERTY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2800 SOUTH SHIRLINGTON RD

City ARLINGTON	State VA	Zip Code 22206-3601
-------------------	-------------	------------------------

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

Name of Employer TLC	Occupation DEVELOPER
-------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
07 / 09 / 2014  
**Transaction ID : SA11.139**

Amount of Each Receipt this Period  
-2.00

CONTRIBUTION

CHARGED BACK

**C. HARRY DOUGHERTY**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2800 SOUTH SHIRLINGTON RD

City ARLINGTON	State VA	Zip Code 22206-3601
-------------------	-------------	------------------------

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

Name of Employer TLC	Occupation DEVELOPER
-------------------------	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
0.00

Date of Receipt  
MM / DD / YYYY  
07 / 09 / 2014  
**Transaction ID : SA11.140**

Amount of Each Receipt this Period  
-2.00

CONTRIBUTION

CHARGED BACK

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	-6.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 131
	<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. HARRY DOUGHERTY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2800 SOUTH SHIRLINGTON RD

City ARLINGTON State VA Zip Code 22206-3601

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

Name of Employer TLC Occupation DEVELOPER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 09 / 2014  
Transaction ID : SA11.141

Amount of Each Receipt this Period -2.00

CONTRIBUTION

CHARGED BACK

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

Mailing Address 2800 SOUTH SHIRLINGTON RD

City ARLINGTON State VA Zip Code 22206-3601

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

Name of Employer TLC Occupation DEVELOPER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 09 / 2014  
Transaction ID : SA11.142

Amount of Each Receipt this Period -2.00

CONTRIBUTION

CHARGED BACK

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

Mailing Address 2800 SOUTH SHIRLINGTON RD

City ARLINGTON State VA Zip Code 22206-3601

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

Name of Employer TLC Occupation DEVELOPER

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 09 / 2014  
Transaction ID : SA11.143

Amount of Each Receipt this Period -2.00

CONTRIBUTION

CHARGED BACK

**SUBTOTAL** of Receipts This Page (optional)..... ▶ -6.00

**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 131
	<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. HARRY DOUGHERTY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2800 SOUTH SHIRLINGTON RD  
 City ARLINGTON State VA Zip Code 22206-3601  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer TLC Occupation DEVELOPER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 0.00

Date of Receipt 07 / 09 / 2014  
**Transaction ID : SA11.144**  
 Amount of Each Receipt this Period -2.00  
 CONTRIBUTION  
 CHARGED BACK

**B. MRS. MARIANNE DREISBACH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 7509  
 City OAKLAND State CA Zip Code 94601-0509  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer DREISBACH ENTERPRISES Occupation BUSINESS OWNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 08 / 04 / 2014  
**Transaction ID : SA11.104355**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. MR. HUGH FEEHAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1322 SKIPWITH ROAD  
 City MCLEAN State VA Zip Code 22101-1841  
 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 09 / 17 / 2014  
**Transaction ID : SA11.106168**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	998.00
<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 20 OF 131  
(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. 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 ▼ 225.00

Date of Receipt 08 / 04 / 2014  
**Transaction ID : SA11.104281**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. 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 ▼ 225.00

Date of Receipt 08 / 11 / 2014  
**Transaction ID : SA11.104412**  
 Amount of Each Receipt this Period 25.00  
 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 ▼ 225.00

Date of Receipt 08 / 15 / 2014  
**Transaction ID : SA11.104536**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

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

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

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

FOR LINE NUMBER: PAGE 21 OF 131  
(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. LAWRENCE FETTERS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1558 E. LEVEL STREET  
 City State Zip Code  
 COVINA CA 91724-3566  
 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  
 09 / 22 / 2014  
**Transaction ID : SA11.106282**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**B. MR. JOHN C. FITZPATRICK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 822 NORTHRIDGE DRIVE  
 City State Zip Code  
 REDDING CA 96001-0144  
 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  
 08 / 11 / 2014  
**Transaction ID : SA11.104440**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**C. MR. ART FLAMING**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4437 TWAIN AVENUE  
 City State Zip Code  
 SAN DIEGO CA 92120-3405  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFF( 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  
 08 / 18 / 2014  
**Transaction ID : SA11.104551**  
 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:	PAGE 22 OF 131
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Unlocking Potential PAC**

**A. MR. JOHN FREZZA**  
Full Name (Last, First, Middle Initial)

Mailing Address 212 W. KEY PALM ROAD

City BOCA RATON	State FL	Zip Code 33432-7924
--------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation BUILDER
-----------------------------------	-----------------------

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
08	/	22	/	2014

**Transaction ID : SA11.105230**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 81 MELROSE PLACE

City REDWOOD CITY	State CA	Zip Code 94062-1857
----------------------	-------------	------------------------

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
09	/	23	/	2014

**Transaction ID : SA11.106321**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

**C. MR. EDWARD GASTALDO**  
Full Name (Last, First, Middle Initial)

Mailing Address P.O. BOX 30610

City SANTA BARBARA	State CA	Zip Code 93130-0610
-----------------------	-------------	------------------------

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
08	/	11	/	2014

**Transaction ID : SA11.104416**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<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 23 OF 131
	<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. DONALD H. GAYLOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3761 DEVONSHIRE ROAD  
 City ALLENTOWN State PA Zip Code 18103-9628  
 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 ▼ 0.00

Date of Receipt 08 / 18 / 2014  
**Transaction ID : SA11.106555A**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION  
 CHARGED BACK \$100.00 ON 09/12/2014

**B. MR. DONALD H. GAYLOR**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3761 DEVONSHIRE ROAD  
 City ALLENTOWN State PA Zip Code 18103-9628  
 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 ▼ 0.00

Date of Receipt 09 / 12 / 2014  
**Transaction ID : SA11.106555B**  
 Amount of Each Receipt this Period -100.00  
 CONTRIBUTION  
 CHARGED BACK

**C. GEORGETTE GELBARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4712 PARK ENCINO LANE  
 City ENCINO State CA Zip Code 91436-3273  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation VP DEVELOPMENT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 15 / 2014  
**Transaction ID : SA11.104529**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 250.00  
**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 131
	<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**

Full Name (Last, First, Middle Initial) <b>A. WARREN GIESEKING</b>		Date of Receipt
Mailing Address 1603 GIRVAN RIDGE DR		<input type="text" value="07"/> / <input type="text" value="14"/> / <input type="text" value="2014"/>
City	State	Zip Code
JOHNS CREEK	GA	30097-5931
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.165</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
RETIRED	RETIRED	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. MR. RICHARD GILLETTE</b>		Date of Receipt
Mailing Address 733 MANSION ROAD		<input type="text" value="09"/> / <input type="text" value="02"/> / <input type="text" value="2014"/>
City	State	Zip Code
WINFIELD	MO	63389-2013
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.105797</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
SELF-EMPLOYED	ENGINEER	<input type="text" value="250.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="250.00"/>	
<input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. MR. SAMUEL L. GINN</b>		Date of Receipt
Mailing Address 1111 BAYHILL DRIVE SUITE 435		<input type="text" value="09"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
SAN BRUNO	CA	94066-3050
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	<b>Transaction ID : SA11.105863</b>
Name of Employer	Occupation	Amount of Each Receipt this Period
VODAPHONE AIRTOUCH	EXECUTIVE	<input type="text" value="25000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	CONTRIBUTION
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="25000.00"/>	
<input type="checkbox"/> Other (specify) ▼		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="25500.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 25 OF 131  
(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 S. GRASSI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3580 WASHINGTON STREET  
 City State Zip Code  
 SAN FRANCISCO CA 94118-1849  
 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 ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 19 / 2014  
**Transaction ID : SA11.104947**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. MR. KENNETH C. GRIFFIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 131 S DEARBORN ST  
 City State Zip Code  
 CHICAGO IL 60603-5517  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 CITADEL, LLC FOUNDER AND CEO  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 50000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : SA11.106552**  
 Amount of Each Receipt this Period  
 50000.00  
 CONTRIBUTION

**C. MR. OLAF M. HALVORSON JR.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 17090 BLUEWATER LANE  
 City State Zip Code  
 HUNTINGTON BEACH CA 92649-2902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : SA11.104205**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 51250.00  
**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 131
	<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. SHARON HARVEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 88645 COLLARD LAKE ROAD  
 City FLORENCE State OR Zip Code 97439-8718  
 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 ▼ 350.00

Date of Receipt 07 / 23 / 2014  
**Transaction ID : SA11.104074**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

**B. SHARON HARVEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 88645 COLLARD LAKE ROAD  
 City FLORENCE State OR Zip Code 97439-8718  
 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 ▼ 350.00

Date of Receipt 07 / 31 / 2014  
**Transaction ID : SA11.104170**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION

**C. SHARON HARVEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 88645 COLLARD LAKE ROAD  
 City FLORENCE State OR Zip Code 97439-8718  
 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 ▼ 350.00

Date of Receipt 09 / 15 / 2014  
**Transaction ID : SA11.106087**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	350.00
<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 27 OF 131  
(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. 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 ▼ 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 16 / 2014  
**Transaction ID : SA11.106105**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

**B. MR. EDWARD G. HEATH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 123 APOLENA  
 City NEWPORT BEACH State CA Zip Code 92662-1213  
 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  
 08 / 04 / 2014  
**Transaction ID : SA11.104366**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C. MS. JOAN HEKIMIAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 701 KING FARM BLVD. APT. 643  
 City ROCKVILLE State MD Zip Code 20850-6187  
 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  
 08 / 21 / 2014  
**Transaction ID : SA11.105070**  
 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 28 OF 131  
(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. REG HENSLEY**

Mailing Address P.O. BOX 3145

City VISALIA State CA Zip Code 93278-3145

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  
 08 / 04 / 2014  
**Transaction ID : SA11.104324**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 923 N. MAIN STREET

City ORANGE State CA Zip Code 92867-5402

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

Name of Employer SELF-EMPLOYED Occupation JOURNALIST

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  
 09 / 09 / 2014  
**Transaction ID : SA11.105975**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address P.O. BOX 3207

City MISSION VIEJO State CA Zip Code 92690-1207

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

Name of Employer KAISER ALUMINUM Occupation C.E.O.

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  
 08 / 04 / 2014  
**Transaction ID : SA11.104259**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1750.00

**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 131  
(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. MS. BERTHA HOSKINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2202 SPINNAKER COURT  
 City RESTON State VA Zip Code 20191-4704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 04 / 2014  
**Transaction ID : SA11.104285**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**B. MS. BERTHA HOSKINS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2202 SPINNAKER COURT  
 City RESTON State VA Zip Code 20191-4704  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 09 / 23 / 2014  
**Transaction ID : SA11.106308**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. JOHN HOWARD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 225 BROADWAY  
 City SAN DIEGO State CA Zip Code 92101-5005  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer JW HOWARD/ATTORNEYS. Occupation LAWYER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 20 / 2014  
**Transaction ID : SA11.106235**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**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 30 OF 131
	<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. MRS. SUSAN HUSBAND**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2502 MANGO WAY  
 City DEL MAR State CA Zip Code 92014-2921  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation C.P.A.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 20 / 2014  
**Transaction ID : SA11.104999**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. MR. KENNETH JOHNSEN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2605 S. EL CAMINO REAL  
 City SAN CLEMENTE State CA Zip Code 92672-3353  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer AZIMUTH ELECTRONICS, INC. Occupation C.E.O.  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 15 / 2014  
**Transaction ID : SA11.104479**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**C. MR. ROY A. JOHNSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4618 N. MONTPELIER ROAD  
 City DENAIR State CA Zip Code 95316-9608  
 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 ▼ 250.00

Date of Receipt 08 / 08 / 2014  
**Transaction ID : SA11.104392**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 31 OF 131  
(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. ROBERT KAY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1608 GASTON AVENUE  
 City AUSTIN State TX Zip Code 78703-2421  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CRENSHAW & DOGUET TURFGRASS Occupation INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 04 / 2014  
**Transaction ID : SA11.104295**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. MR. WILLIAM KELLER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 THISTLE LANE  
 City SANTA FE State NM Zip Code 87506-8500  
 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 08 / 04 / 2014  
**Transaction ID : SA11.104269**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. 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 ▼ 350.00

Date of Receipt 09 / 21 / 2014  
**Transaction ID : SA11.106244**  
 Amount of Each Receipt this Period 350.00  
 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 32 OF 131  
(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. KENNETH KHACHIGIAN**

Mailing Address 501 W. AVENIDA DELOS LOBOS

City State Zip Code  
SAN CLEMENTE CA 92672-

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

Name of Employer Occupation  
BROWNSTEIN, HYATT, FARBER & SCHRECK ATTORNEY

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 08 / 18 / 2014  
**Transaction ID : SA11.104552**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 251 E. CHESTNUT AVENUE

City State Zip Code  
METUCHEN NJ 08840-1552

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  
 08 / 19 / 2014  
**Transaction ID : SA11.104924**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. EDWARD KOSS**

Mailing Address 2125 BLANCHE LANE

City State Zip Code  
MERRICK NY 11566-5500

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

Name of Employer Occupation  
SHERALVEN ENTERPRISES LTD. EXECUTIVE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M  M /  D  D /  Y  Y  Y  Y  
 08 / 18 / 2014  
**Transaction ID : SA11.104617**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1000.00

**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 33 OF 131  
(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. D. VIRGINIA KOULOS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1310 JONES STREET APT. 602  
 City SAN FRANCISCO State CA Zip Code 94109-4194  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 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  
 08 / 18 / 2014  
**Transaction ID : SA11.104604**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B. MR. THOMAS LACO**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8606 CYPRESS LAKES DRIVE  
 City RALEIGH State NC Zip Code 27615-2116  
 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  
 08 / 19 / 2014  
**Transaction ID : SA11.104966**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**C. MR. ALEXANDER M. LAUGHLIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 325  
 City EAST HAMPTON State NY Zip Code 11937-0325  
 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  
 09 / 08 / 2014  
**Transaction ID : SA11.105939**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**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 131
	<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. GIL LAUTENSHLAGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4917 132ND WAY N  
 City HUGO State MN Zip Code 55038-4404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LEADERSHIP RESOURCES, LTD. Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 08 / 19 / 2014  
**Transaction ID : SA11.104845**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

**B. GIL LAUTENSHLAGER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4917 132ND WAY N  
 City HUGO State MN Zip Code 55038-4404  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LEADERSHIP RESOURCES, LTD. Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 07 / 03 / 2014  
**Transaction ID : SA11.107**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. TONY LONSTEIN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4825 GAYNOR AVE  
 City ENCINO State CA Zip Code 91436-1430  
 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 ▼ 0.00

Date of Receipt 08 / 20 / 2014  
**Transaction ID : SA11.106556A**  
 Amount of Each Receipt this Period 50.00  
 CONTRIBUTION  
 CHARGED BACK \$50.00 ON 09/11/2014

**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 35 OF 131
	<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) <b>A. TONY LONSTEIN</b>		Date of Receipt 09 / 11 / 2014 <b>Transaction ID : SA11.106556B</b>
Mailing Address 4825 GAYNOR AVE		Amount of Each Receipt this Period -50.00
City ENCINO	State CA	Zip Code 91436-1430
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	CHARGED BACK
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 0.00	

Full Name (Last, First, Middle Initial) <b>B. SHIRLENE LOPEZ</b>		Date of Receipt 09 / 29 / 2014 <b>Transaction ID : SA11.106429</b>
Mailing Address 4 BRUMBY		Amount of Each Receipt this Period 500.00
City TRABUCO CANYON	State CA	Zip Code 92679-4949
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer RETIRED	Occupation RETIRED	
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>C. MR. WILLIAM LOUCKA</b>		Date of Receipt 09 / 15 / 2014 <b>Transaction ID : SA11.106058</b>
Mailing Address 1530 3RD STREET		Amount of Each Receipt this Period 300.00
City MANHATTAN BEACH	State CA	Zip Code 90266-6302
FEC ID number of contributing federal political committee. <b>C</b>		CONTRIBUTION
Name of Employer INFORMATION REQUESTED PER BEST EFFORTS	Occupation INFORMATION REQUESTED PER BEST EFFORTS	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	750.00
<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 36 OF 131
	<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. MRS. SUSAN LOWRY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 520  
 City ALTURAS State CA Zip Code 96101-0520  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SX RANCH Occupation ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 25 / 2014  
**Transaction ID : SA11.105343**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. MS. MARILYN LOXLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 236 TOM CORWIN ROAD  
 City WELLSTON State OH Zip Code 45692-9732  
 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 ▼ 500.00

Date of Receipt 08 / 14 / 2014  
**Transaction ID : SA11.104475**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. MR. EMILIO MAESTRINI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 1681  
 City EL GRANADA State CA Zip Code 94018-1681  
 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 08 / 04 / 2014  
**Transaction ID : SA11.104333**  
 Amount of Each Receipt this Period 300.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1050.00
<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 37 OF 131
	<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. PETER MAGOWAN**  
Full Name (Last, First, Middle Initial)

Mailing Address 100 PINE ST

City SAN FRANCISCO State CA Zip Code 94111-5102

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 ▼  
2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 11 / 2014

**Transaction ID : SA11.104414**

Amount of Each Receipt this Period  
2500.00

CONTRIBUTION

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

Mailing Address 620 MIRAMAR DRIVE

City HALF MOON BAY State CA Zip Code 94019-5131

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

Name of Employer SILICON VALLEY Occupation TECH EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2014

**Transaction ID : SA11.104407**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**C. MR. RICHARD MARTIN**  
Full Name (Last, First, Middle Initial)

Mailing Address 620 MIRAMAR DRIVE

City HALF MOON BAY State CA Zip Code 94019-5131

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

Name of Employer SILICON VALLEY Occupation TECH EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 28 / 2014

**Transaction ID : SA11.106383**

Amount of Each Receipt this Period  
150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional).....▶ 3650.00

**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 131
	<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. VICTOR MARTINEZ**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 107 ROSALYNN DRIVE  
 City State Zip Code  
 GLENDORA CA 91740-5169  
 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  
 08 / 25 / 2014  
**Transaction ID : SA11.105566**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. MRS. DIANE MASSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 222179  
 City State Zip Code  
 CARMEL CA 93922-2179  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 HOMEMAKER HOMEMAKER  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 600.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : SA11.104209**  
 Amount of Each Receipt this Period  
 600.00  
 CONTRIBUTION

**C. MR. GARRY MCCLENAGHAN**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 50 FLAMINGO POINT  
 City State Zip Code  
 ROCKPORT TX 78382-3751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFFC  
 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  
 08 / 26 / 2014  
**Transaction ID : SA11.105609**  
 Amount of Each Receipt this Period  
 300.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1150.00
<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 39 OF 131
	<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. DR. CHARLES MCCORMICK III**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 333 MASSACHUSETTS AVENUE UNIT 901  
 City INDIANAPOLIS State IN Zip Code 46204-2070  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer INDIANA EYE CLINIC Occupation PHYSICIAN  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 01 / 2014  
**Transaction ID : SA11.104224**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. LINDA MCMAHON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 14 HURLINGHAM DRIVE  
 City GREENWICH State CT Zip Code 06831-2739  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt 09 / 19 / 2014  
**Transaction ID : SA11.106507**  
 Amount of Each Receipt this Period 50000.00  
 CONTRIBUTION

**C. MRS. CAROLYN MEAKEM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 10215 GAINSBOROUGH ROAD  
 City POTOMAC State MD Zip Code 20854-4039  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer THE HEAKEM GROUP Occupation CERTIFIED FINANCIAL PLANNER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 19 / 2014  
**Transaction ID : SA11.104925**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	51250.00
<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 40 OF 131
	<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. NORMAN METCALFE**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2007 BAYADERE TERRACE

City CORONA DEL MAR	State CA	Zip Code 92625-1812
------------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation INVESTOR
-----------------------------------	------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07		24		2014

**Transaction ID : SA11.104078**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**B. MR. CHARLES A. MEYER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1012 IDAHO DRIVE

City MERCED	State CA	Zip Code 95340-2514
----------------	-------------	------------------------

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

Name of Employer CHUCK MEYER INSURANCE	Occupation INSURANCE AGENT
---	-------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		04		2014

**Transaction ID : SA11.104362**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**C. MRS. ELIZABETH M. MILLER**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9789 NE MURDEN COVE DRIVE

City BAINBRIDGE ISLAND	State WA	Zip Code 98110-1332
---------------------------	-------------	------------------------

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 ▼  
300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08		29		2014

**Transaction ID : SA11.105750**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1550.00
<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 41 OF 131  
(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. JOHN H. MILLER**

Mailing Address 8789 SWALLOW AVENUE

City State Zip Code  
FOUNTAIN VALLEY CA 92708-6318

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  
 07 / 30 / 2014  
**Transaction ID : SA11.104146**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 27 KNIPP ROAD

City State Zip Code  
HOUSTON TX 77024-7114

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

Name of Employer Occupation  
MOGAS INDUSTRIES BUSINESS OWNER

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 01 / 2014  
**Transaction ID : SA11.104225**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. MICHAEL MOVSOVICH**

Mailing Address 3 SYCAMORE DRIVE

City State Zip Code  
CHATHAM NJ 07928-1121

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

Name of Employer Occupation  
KIRKLAND & ELLIS LLP ATTORNEY

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  
 08 / 01 / 2014  
**Transaction ID : SA11.104219**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00

**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 42 OF 131  
(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. LAURA M. NELSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 18810 OLYMPIC PT.  
 City POWAY State CA Zip Code 92064-6644  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer CASS CONSTRUCTION, INC. Occupation EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 22 / 2014  
**Transaction ID : SA11.105207**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. LOUISE NEUWIRTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1981 PHILLIPS WAY  
 City LOS ANGELES State CA Zip Code 90042-1047  
 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 09 / 24 / 2014  
**Transaction ID : SA11.106338**  
 Amount of Each Receipt this Period 300.00  
 CONTRIBUTION

**C. PHYLLIS NICHOLAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 HOWARD ROAD  
 City GREENWICH State CT Zip Code 06831-3104  
 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 09 / 15 / 2014  
**Transaction ID : SA11.106095**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00  
**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 43 OF 131
<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. PHYLLIS NICHOLAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 40 HOWARD ROAD  
 City GREENWICH State CT Zip Code 06831-3104  
 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 07 / 17 / 2014  
**Transaction ID : SA11.172**  
 Amount of Each Receipt this Period 200.00  
 CONTRIBUTION

**B. MR. GUY NOHRA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 260 COLERIDGE AVENUE  
 City PALO ALTO State CA Zip Code 94301-3521  
 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 ▼ 500.00

Date of Receipt 08 / 18 / 2014  
**Transaction ID : SA11.104606**  
 Amount of Each Receipt this Period 500.00  
 CONTRIBUTION

**C. MIKE NORTH**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6920 MCLAREN AVE  
 City WEST HILLS State CA Zip Code 91307-2526  
 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 07 / 26 / 2014  
**Transaction ID : SA11.104112**  
 Amount of Each Receipt this Period 100.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<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 44 OF 131  
(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. MIKE NORTH**

Mailing Address 6920 MCLAREN AVE

City WEST HILLS      State CA      Zip Code 91307-2526

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  
 09 / 13 / 2014  
**Transaction ID : SA11.106030**

Amount of Each Receipt this Period  
200.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**B. MS. PATRICIA O'BRIEN**

Mailing Address 535 E. 86TH STREET

City NEW YORK      State NY      Zip Code 10028-7533

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  
 09 / 11 / 2014  
**Transaction ID : SA11.105994**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. DONALD OROSCO**

Mailing Address 10 HARRIS COURT STE. B1

City MONTEREY      State CA      Zip Code 93940-5773

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

Name of Employer OROSCO & ASSOCIATES, INC      Occupation INFORMATION REQUESTED PER BEST EFF

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 08 / 01 / 2014  
**Transaction ID : SA11.104245**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 750.00

**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 45 OF 131  
(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. 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 Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 08 / 22 / 2014  
**Transaction ID : SA11.105201**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**B. MRS. ANNETTE T. PARKS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2125 1ST AVENUE APT. 2603  
 City SEATTLE State WA Zip Code 98121-2121  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 SELF-EMPLOYED REAL ESTATE INVESTOR  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 08 / 11 / 2014  
**Transaction ID : SA11.104439**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. MR. PAUL PASCUTTI**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 315 FLOWERS COVE LANE  
 City LILBURN State GA Zip Code 30047-7068  
 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  
 08 / 21 / 2014  
**Transaction ID : SA11.105063**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1500.00  
**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 46 OF 131
	<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. KAREN PATTERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6735 CORTE TERCERA  
 City State Zip Code  
 MARTINEZ CA 94553-5945  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PATTERSON LIFT TRUCKS, INC. C.F.O. & C.P.A.  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 04 / 2014  
**Transaction ID : SA11.104258**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. KAREN PATTERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6735 CORTE TERCERA  
 City State Zip Code  
 MARTINEZ CA 94553-5945  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PATTERSON LIFT TRUCKS, INC. C.F.O. & C.P.A.  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 17 / 2014  
**Transaction ID : SA11.183**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

**C. ALSTON PENFOLD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1809 S SHORE DR  
 City State Zip Code  
 CLEAR LAKE IA 50428-2819  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 A TO Z DRYING CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 10 / 2014  
**Transaction ID : SA11.105993**  
 Amount of Each Receipt this Period  
 150.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1300.00
<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 47 OF 131  
(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. ALSTON PENFOLD**

Mailing Address 1809 S SHORE DR

City CLEAR LAKE      State IA      Zip Code 50428-2819

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

Name of Employer A TO Z DRYING      Occupation CEO

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1150.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 30 / 2014  
**Transaction ID : SA11.106441**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

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

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 ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 25 / 2014  
**Transaction ID : SA11.104108**

Amount of Each Receipt this Period  
 75.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. JAY PETERS**

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 ▼  
225.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 15 / 2014  
**Transaction ID : SA11.106044**

Amount of Each Receipt this Period  
 150.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1225.00

**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 48 OF 131
	<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**

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

Mailing Address 8117 PRESTON ROAD SUITE 260

City	State	Zip Code
DALLAS	TX	75225-6321

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

Name of Employer	Occupation
BP CAPITAL	CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	25	/	2014

**Transaction ID : SA11.105474**

Amount of Each Receipt this Period  
25000.00

CONTRIBUTION

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

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 ▼  
500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	08	/	2014

**Transaction ID : SA11.105903**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MR. RICHARD PLACEK**

Mailing Address 110 WHITAKER ROAD

City	State	Zip Code
WESTFIELD	MA	01085-4030

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
08	/	19	/	2014

**Transaction ID : SA11.104944**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25750.00
<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 49 OF 131  
(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. LEROY PLEKENPOL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31 OUTERBRIDGE CIRCLE  
 City State Zip Code  
 HILTON HEAD ISLAND SC 29926-2915  
 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 ▼  
 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 07 / 31 / 2014  
**Transaction ID : SA11.104171**  
 Amount of Each Receipt this Period  
 25.00  
 CONTRIBUTION

**B. LEROY PLEKENPOL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 31 OUTERBRIDGE CIRCLE  
 City State Zip Code  
 HILTON HEAD ISLAND SC 29926-2915  
 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 ▼  
 575.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 19 / 2014  
**Transaction ID : SA11.106231**  
 Amount of Each Receipt this Period  
 50.00  
 CONTRIBUTION

**C. MS. SALLY PLUMLEY**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 8530 HELMICK ROAD  
 City State Zip Code  
 MONMOUTH OR 97361-9559  
 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 ▼  
 350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 08 / 2014  
**Transaction ID : SA11.104388**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 325.00  
**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 50 OF 131
	<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**

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

Mailing Address **CKE RESTAURANTS, INC**

City <b>CARPINTERIA</b>	State <b>CA</b>	Zip Code <b>93013-</b>
----------------------------	--------------------	---------------------------

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

Name of Employer <b>CKE RESTAURANTS INC</b>	Occupation <b>CEO</b>
--	--------------------------

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
09	/	02	/	2014

**Transaction ID : SA11.105782**

Amount of Each Receipt this Period  

1000.00
---------

**CONTRIBUTION**

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

Mailing Address **4314 ARGENTINA CIRCLE**

City <b>PASADENA</b>	State <b>TX</b>	Zip Code <b>77504-2502</b>
-------------------------	--------------------	-------------------------------

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

Name of Employer <b>RAY-WRIGHT PUMPS, INC.</b>	Occupation <b>OWNER</b>
---	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt  

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

**Transaction ID : SA11.104406**

Amount of Each Receipt this Period  

250.00
--------

**CONTRIBUTION**

Full Name (Last, First, Middle Initial)  
**C. MR. DONALD REINHARD**

Mailing Address **75 HARVARD AVENUE**

City <b>PALMERTON</b>	State <b>PA</b>	Zip Code <b>18071-1212</b>
--------------------------	--------------------	-------------------------------

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

Name of Employer <b>RETIRED</b>	Occupation <b>RETIRED</b>
------------------------------------	------------------------------

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
08	/	22	/	2014

**Transaction ID : SA11.105198**

Amount of Each Receipt this Period  

500.00
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**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>1750.00</b>
<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 51 OF 131
	<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	<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 State Zip Code  
WOODSIDE CA 94062-0026

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  
MM / DD / YYYY  
08 / 04 / 2014

**Transaction ID : SA11.104335**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

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

Mailing Address 503 STILSON CANYON ROAD

City State Zip Code  
CHICO CA 95928-9119

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

Name of Employer Occupation  
SELF-EMPLOYED MARKETING CONSULTANT

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
07 / 27 / 2014

**Transaction ID : SA11.104117**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C. MS. TUULI-ANN RISTKOK**  
Full Name (Last, First, Middle Initial)

Mailing Address 16 W.16TH STREET APT. 6JN

City State Zip Code  
NEW YORK NY 10011-6333

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  
MM / DD / YYYY  
08 / 14 / 2014

**Transaction ID : SA11.104472**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1000.00
<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 52 OF 131
	<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. JEROME ROBERTSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1464 TOPAR AVENUE  
 City LOS ALTOS State CA Zip Code 94024-5957  
 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 08 / 26 / 2014  
**Transaction ID : SA11.105638**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**B. MR. GARY L. ROSENBERG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2001 S. PLATTE RIVER DRIVE  
 City DENVER State CO Zip Code 80223-3852  
 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 ▼ 333.00

Date of Receipt 08 / 25 / 2014  
**Transaction ID : SA11.105371**  
 Amount of Each Receipt this Period 333.00  
 CONTRIBUTION

**C. VIRGINIA E. RYERSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 202 S. SANTA ROSA AVE.  
 City EL CENTRO State CA Zip Code 92243-5559  
 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 09 / 19 / 2014  
**Transaction ID : SA11.106230**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	833.00
<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 53 OF 131
	<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. PAMELA SANDLAND**  
Full Name (Last, First, Middle Initial)

Mailing Address 1144 ORANGEWOOD DRIVE

City ESCONDIDO	State CA	Zip Code 92025-7505
-------------------	-------------	------------------------

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  
 08 / 25 / 2014  
**Transaction ID : SA11.105355**

Amount of Each Receipt this Period  
 250.00

CONTRIBUTION

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

Mailing Address 4783 VISTA PARK DR.

City SAN JOSE	State CA	Zip Code 95136-2957
------------------	-------------	------------------------

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  
 09 / 19 / 2014  
**Transaction ID : SA11.106228**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

**C. ANN ELISE SAUER**  
Full Name (Last, First, Middle Initial)

Mailing Address 6060 RIVER DRIVE

City MASON NECK	State VA	Zip Code 22079-4126
--------------------	-------------	------------------------

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

Name of Employer SELF-EMPLOYED	Occupation CONSULTANT
-----------------------------------	--------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 15 / 2014  
**Transaction ID : SA11.104528**

Amount of Each Receipt this Period  
 1000.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<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 54 OF 131
	<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. ANN ELISE SAUER**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6060 RIVER DRIVE  
 City MASON NECK State VA Zip Code 22079-4126  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation CONSULTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 30 / 2014  
**Transaction ID : SA11.106443**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**B. MR. GREGORY F. SCHEM**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 16643 CUMBRE VERDE COURT  
 City PACIFIC PALISADES State CA Zip Code 90272-1914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer HARBOR REAL ESTATE GROUP Occupation REAL ESTATE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 08 / 04 / 2014  
**Transaction ID : SA11.104329**  
 Amount of Each Receipt this Period 250.00  
 CONTRIBUTION

**C. MS. MARILYN SCHNUCK**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 131 LINDEN AVENUE  
 City SAINT LOUIS State MO Zip Code 63105-3839  
 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 08 / 29 / 2014  
**Transaction ID : SA11.105746**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2250.00
<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 55 OF 131  
(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. MARK SHIMIZU**

Mailing Address 53 SEDGEWICK

City Irvine State CA Zip Code 92620-2156

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

Name of Employer Occupation  
DELL 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  
 08 / 06 / 2014  
**Transaction ID : SA11.104375**

Amount of Each Receipt this Period  
100.00

CONTRIBUTION

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

Mailing Address 53 SEDGEWICK

City Irvine State CA Zip Code 92620-2156

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

Name of Employer Occupation  
DELL 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  
 09 / 15 / 2014  
**Transaction ID : SA11.106082**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MRS. SUZANNE SHOOK**

Mailing Address 2 ARABIAN

City Trabuco Canyon State CA Zip Code 92679-4840

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

Name of Employer Occupation  
SILVERADO REGISTERED NURSE

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  
 08 / 22 / 2014  
**Transaction ID : SA11.105211**

Amount of Each Receipt this Period  
500.00

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 56 OF 131
	<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. GENE SIMONSON**  
Full Name (Last, First, Middle Initial)

Mailing Address 3202 HILL ROSE DRIVE

City LOS ALAMITOS State CA Zip Code 90720-5222

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  
 08 / 25 / 2014

**Transaction ID : SA11.105258**

Amount of Each Receipt this Period  
 300.00

CONTRIBUTION

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

Mailing Address 40 WEST 57TH STREET, 4TH FLOOR

City NEW YORK State NY Zip Code 10019-4001

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

Name of Employer ELLIOTT MANAGEMENT CORPORATION Occupation PRINCIPAL

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 100000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 29 / 2014

**Transaction ID : SA11.106610**

Amount of Each Receipt this Period  
 100000.00

CONTRIBUTION

**C. MR. ARCHIE SNIDER**  
Full Name (Last, First, Middle Initial)

Mailing Address 48 ORCHARD HILLS STREET

City ATHERTON State CA Zip Code 94027-5458

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

Name of Employer SELF-EMPLOYED Occupation REAL ESTATE INVESTMENTS

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  
 08 / 18 / 2014

**Transaction ID : SA11.104650**

Amount of Each Receipt this Period  
 500.00

CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	100800.00
<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 57 OF 131  
(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. MARC SPILO**

Mailing Address 951 OCEAN AV

City State Zip Code  
SANTA MONICA CA 90403-2458

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

Name of Employer Occupation  
SPILO WORLDWIDE CEO

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  
 09 / 30 / 2014  
**Transaction ID : SA11.106471**

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

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

Mailing Address 205 LEEWARD LANE

City State Zip Code  
ROSWELL GA 30076-3211

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

Name of Employer Occupation  
SELF-EMPLOYED PSYCHOLOGIST

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  
 09 / 02 / 2014  
**Transaction ID : SA11.105766**

Amount of Each Receipt this Period  
300.00

CONTRIBUTION

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

Mailing Address 55 I. STREET

City State Zip Code  
CHULA VISTA CA 91910-4905

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

Name of Employer Occupation  
MCKENNA LONG & ALDRIDGE LAWYER

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  
 08 / 25 / 2014  
**Transaction ID : SA11.105535**

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: (check only one)	PAGE 58 OF 131
	<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. MS. CYNTHIA STONE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 12849 CHALON ROAD  
 City LOS ANGELES State CA Zip Code 90049-1251  
 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 ▼ **75000.00**

Date of Receipt: **09 / 08 / 2014**  
**Transaction ID : SA11.105909**  
 Amount of Each Receipt this Period: **75000.00**  
**CONTRIBUTION**

**B. MAX SWANCUTT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9099 BLACKBIRD AVE  
 City FOUNTAIN VALLEY State CA Zip Code 92708-6401  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **SELF-EMPLOYED** Occupation: **CONSULTANT**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **500.00**

Date of Receipt: **09 / 09 / 2014**  
**Transaction ID : SA11.105979**  
 Amount of Each Receipt this Period: **500.00**  
**CONTRIBUTION**

**C. BARBARA THEBERGE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 181289  
 City CORONADO State CA Zip Code 92178-1289  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer: **MANAGEMENT GROUP OF CORONADO** Occupation: **PROPERTY MGMT**  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ **250.00**

Date of Receipt: **07 / 17 / 2014**  
**Transaction ID : SA11.173**  
 Amount of Each Receipt this Period: **250.00**  
**CONTRIBUTION**

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>75750.00</b>
<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 59 OF 131
	<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. MRS. JANIE THOMAS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4097 VIA PALO VERDE LAGO  
 City ALPINE State CA Zip Code 91901-3219  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 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  
 08 / 11 / 2014  
**Transaction ID : SA11.104442**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**B. MRS. PATRICIA B. THOMSON**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3101 QUEENSBURY DRIVE  
 City LOS ANGELES State CA Zip Code 90064-4722  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC INFORMATION REQUESTED PER BEST EFF  
 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  
 09 / 17 / 2014  
**Transaction ID : SA11.106167**  
 Amount of Each Receipt this Period  
 1000.00  
 CONTRIBUTION

**C. D. LESLIE TINDAL**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1322 LES TINDAL ROAD  
 City PINEWOOD State SC Zip Code 29125-8820  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 INFORMATION REQUESTED PER BEST EFFC 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  
 08 / 26 / 2014  
**Transaction ID : SA11.105615**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<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 60 OF 131
	<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. MR. TREVOR TRAINA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2825 BROADWAY STREET  
 City SAN FRANCISCO State CA Zip Code 94115-1060  
 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 ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 11 / 2014  
**Transaction ID : SA11.104435**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B. MR. TREVOR TRAINA**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2825 BROADWAY STREET  
 City SAN FRANCISCO State CA Zip Code 94115-1060  
 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 ▼ 600.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 19 / 2014  
**Transaction ID : SA11.104847**  
 Amount of Each Receipt this Period  
 100.00  
 CONTRIBUTION

**C. MR. THOMAS VINZENT**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 20 ROBERT ROAD  
 City ORINDA State CA Zip Code 94563-3216  
 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 Y Y  
 08 / 04 / 2014  
**Transaction ID : SA11.104283**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	850.00
<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 61 OF 131
	<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. JERRY E. WEEKS**  
Full Name (Last, First, Middle Initial)

Mailing Address 10245 KESSLER AVE

City CHATSWORTH State CA Zip Code 91311-3511

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

Name of Employer INFORMATION REQUESTED PER BEST EFFC Occupation INFORMATION REQUESTED PER BEST EFFC

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
220.00

Date of Receipt  
09 / 19 / 2014  
Transaction ID : SA11.106193

Amount of Each Receipt this Period  
220.00

CONTRIBUTION

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

Mailing Address 1655 CANLEWOOD DRIVE

City UPLAND State CA Zip Code 91784-9176

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

Name of Employer SECURITAS CRITICAL INFRASTRUCTURE Occupation INDUSTRIAL SECURITY ADVISOR

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
08 / 04 / 2014  
Transaction ID : SA11.104263

Amount of Each Receipt this Period  
500.00

CONTRIBUTION

**C. MS. DIANE B. WILSEY**  
Full Name (Last, First, Middle Initial)

Mailing Address 2590 JACKSON STREET

City SAN FRANCISCO State CA Zip Code 94115-1121

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

Name of Employer A. WISLEY PROPERTIES COMPANY Occupation OWNER/C.E.O.

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
25000.00

Date of Receipt  
08 / 25 / 2014  
Transaction ID : SA11.105475

Amount of Each Receipt this Period  
25000.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 25720.00

**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 62 OF 131  
(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. W. L. WILSON**

Mailing Address P.O. BOX 2183

City State Zip Code  
GRAND JUNCTION CO 81502-2183

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

Name of Employer Occupation  
SELF-EMPLOYED MINING EXPLORATION

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  
 08 / 22 / 2014  
**Transaction ID : SA11.105237**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

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

Mailing Address 201 W BIG BEAVER

City State Zip Code  
TROY MI 48084-4152

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 ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 02 / 2014  
**Transaction ID : SA11.105**

Amount of Each Receipt this Period  
1000.00

CONTRIBUTION

Full Name (Last, First, Middle Initial)  
**C. MS. MARY A. WUTKE**

Mailing Address 6 SHEFFORD CIRCLE

City State Zip Code  
MADISON WI 53719-1415

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

Name of Employer Occupation  
SELF-EMPLOYED FINANCE

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 22 / 2014  
**Transaction ID : SA11.105194**

Amount of Each Receipt this Period  
250.00

CONTRIBUTION

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00

**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 63 OF 131
	<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. PATRICIA WYSONG**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2707 CLUBLAKE TRAIL  
 City MCKINNEY State TX Zip Code 75070-4009  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer SELF-EMPLOYED Occupation SELF-EMPLOYED  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 08 / 18 / 2014  
**Transaction ID : SA11.104620**  
 Amount of Each Receipt this Period 1000.00  
 CONTRIBUTION

**B. MR. PETER ZOLINTAKIS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 4200 CANYON ROAD  
 City LAFAYETTE State CA Zip Code 94549-2751  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer LIBERTY MEDIA Occupation ACCOUNTANT  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 22 / 2014  
**Transaction ID : SA11.106285**  
 Amount of Each Receipt this Period 300.00  
 CONTRIBUTION

**C. CEMENTER'S WELL SERVICE, INC.**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address P.O. BOX 336220  
 City GREELEY State CO Zip Code 80633-0604  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 09 / 23 / 2014  
**Transaction ID : SA11.106317**  
 Amount of Each Receipt this Period 2000.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3300.00
<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 64 OF 131  
(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. CORKY ANDERSON FARMS**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 230 NORTH J. STREET  
 City State Zip Code  
 TULARE CA 93274-4027  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 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  
 09 / 02 / 2014  
**Transaction ID : SA11.105778**  
 Amount of Each Receipt this Period  
 500.00  
 CONTRIBUTION

**B. KHSE LLC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6915 WOLF RUN SHOALS ROAD  
 City State Zip Code  
 FAIRFAX STATION VA 22039-1731  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 25000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 25 / 2014  
**Transaction ID : SA11.105476**  
 Amount of Each Receipt this Period  
 25000.00  
 CONTRIBUTION

**C. SANDERS PROPERTIES**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3240 SEMINOLE CIRCLE  
 City State Zip Code  
 FAIRFIELD CA 94534-7857  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 08 / 08 / 2014  
**Transaction ID : SA11.104408**  
 Amount of Each Receipt this Period  
 250.00  
 CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	25750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	457548.00

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

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

FOR LINE NUMBER: PAGE 65 OF 131  
(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. HILTON HOTELS**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7930 JONES BRANCH DR.  
City MCLEAN State VA Zip Code 22102  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  
 Primary  General  
 Other (specify) ▼  
Aggregate Year-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 20 / 2014  
**Transaction ID : SA15.999**  
Amount of Each Receipt this Period  
207.47  
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  
M M / D D / Y Y Y Y Y Y  
Amount of Each Receipt this Period

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

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	207.47
<b>TOTAL</b> This Period (last page this line number only).....▶	207.47

**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. JACOB MOSSER**

Mailing Address 4640 ASDEE LN.

City WOODBRIDGE State VA Zip Code 22192

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 15 / 2014

**Transaction ID : SB21B.065**

Amount of Each Disbursement this Period

1412.38

Full Name (Last, First, Middle Initial)

**B. JACOB MOSSER**

Mailing Address 4640 ASDEE LN.

City WOODBRIDGE State VA Zip Code 22192

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 01 / 2014

**Transaction ID : SB21B.066**

Amount of Each Disbursement this Period

972.81

Full Name (Last, First, Middle Initial)

**C. JACOB MOSSER**

Mailing Address 4640 ASDEE LN.

City WOODBRIDGE State VA Zip Code 22192

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2014

**Transaction ID : SB21B.067**

Amount of Each Disbursement this Period

972.80

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

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

3357.99

**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. JACOB MOSSER**

Mailing Address 4640 ASDEE LN.

City WOODBRIDGE State VA Zip Code 22192

Purpose of Disbursement  
PAYROLL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	5		2	0	1	4

**Transaction ID : SB21B.068**

Amount of Each Disbursement this Period

1	0	3	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**B. 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

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	5		2	0	1	4

**Transaction ID : SB21B.069**

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 1 TOWN CENTER RD.

City BOCA RATON State FL Zip Code 33486

Purpose of Disbursement  
PAYROLL SERVICE 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
0	9		1	2		2	0	1	4

**Transaction ID : SB21B.070**

Amount of Each Disbursement this Period

7	0	.	1	3	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

1	7	7	.	2	8	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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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. ADP**

Mailing Address 1 TOWN CENTER RD.

City BOCA RATON State FL Zip Code 33486

Purpose of Disbursement  
PAYROLL SERVICE FEES

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  
07 / 25 / 2014

Transaction ID : SB21B.071

Amount of Each Disbursement this Period

95.13

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 1 TOWN CENTER RD.

City BOCA RATON State FL Zip Code 33486

Purpose of Disbursement  
PAYROLL SERVICE FEES

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  
08 / 08 / 2014

Transaction ID : SB21B.072

Amount of Each Disbursement this Period

70.13

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 1 TOWN CENTER RD.

City BOCA RATON State FL Zip Code 33486

Purpose of Disbursement  
PAYROLL SERVICE FEES

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  
08 / 29 / 2014

Transaction ID : SB21B.073

Amount of Each Disbursement this Period

70.13

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

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

235.39

**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 TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 01 / 2014

Transaction ID : SB21B.074

Amount of Each Disbursement this Period

416.82

Full Name (Last, First, Middle Initial)

**B. ADP**

Mailing Address 1 TOWN CENTER RD.

City BOCA RATON State FL Zip Code 33486

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2014

Transaction ID : SB21B.075

Amount of Each Disbursement this Period

416.83

Full Name (Last, First, Middle Initial)

**C. ADP**

Mailing Address 1 TOWN CENTER RD.

City BOCA RATON State FL Zip Code 33486

Purpose of Disbursement  
PAYROLL TAXES

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 05 / 2014

Transaction ID : SB21B.076

Amount of Each Disbursement this Period

448.48

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

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

1282.13

**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. ALEXANDRIA PARKING**

Mailing Address PO BOX 323

City ALEXANDRIA State VA Zip Code 22313

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  
07 / 31 / 2014

Transaction ID : SB21B.100

Amount of Each Disbursement this Period

1.00

Full Name (Last, First, Middle Initial)

**B. ALX TAXI**

Mailing Address 182 HOWARD ST STE #8

City SAN FRANCISCO State CA Zip Code 94105

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  
09 / 16 / 2014

Transaction ID : SB21B.101

Amount of Each Disbursement this Period

14.28

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  
07 / 30 / 2014

Transaction ID : SB21B.102

Amount of Each Disbursement this Period

474.10

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

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

489.38

**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 AIRLINES**

Mailing Address 4333 AMON CARTER BLVD.

City State Zip Code  
FT. WORTH TX 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  
07 / 31 / 2014

**Transaction ID : SB21B.103**

Amount of Each Disbursement this Period

77.72

Full Name (Last, First, Middle Initial)

**B. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD.

City State Zip Code  
FT. WORTH TX 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  
07 / 31 / 2014

**Transaction ID : SB21B.104**

Amount of Each Disbursement this Period

1650.20

Full Name (Last, First, Middle Initial)

**C. AMERICAN AIRLINES**

Mailing Address 4333 AMON CARTER BLVD.

City State Zip Code  
FT. WORTH TX 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  
08 / 25 / 2014

**Transaction ID : SB21B.105**

Amount of Each Disbursement this Period

630.20

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

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

2358.12

**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 AIRLINES**

Mailing Address 4333 AMON CARTER BLVD.

City State Zip Code  
FT. WORTH TX 76155

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /   
09 / 25 / 2014

**Transaction ID : SB21B.106**

Amount of Each Disbursement this Period

337.10

**B. AMERICAN AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address 4333 AMON CARTER BLVD.

City State Zip Code  
FT. WORTH TX 76155

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /   
09 / 29 / 2014

**Transaction ID : SB21B.107**

Amount of Each Disbursement this Period

795.10

**C. AMERICAN EXPRESS**

Full Name (Last, First, Middle Initial)

Mailing Address PO BOX 981540

City State Zip Code  
EL PASO TX 79998

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /   
08 / 05 / 2014

**Transaction ID : SB21B.015**

Amount of Each Disbursement this Period

435.16

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

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

1567.36

**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

MM / DD / YYYY  
08 / 01 / 2014

**Transaction ID : SB21B.108**

Amount of Each Disbursement this Period

518.00

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

MM / DD / YYYY  
08 / 28 / 2014

**Transaction ID : SB21B.109**

Amount of Each Disbursement this Period

116.00

Full Name (Last, First, Middle Initial)

**C. 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

MM / DD / YYYY  
09 / 22 / 2014

**Transaction ID : SB21B.110**

Amount of Each Disbursement this Period

527.00

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

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

1161.00

**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. AREA SAFE & LOCK**

Mailing Address 3301 MOUNT VERNON AVE.

City ALEXANDRIA State VA Zip Code 22305

Purpose of Disbursement  
OFFICE MAINTENANCE

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  
08 / 05 / 2014

Transaction ID : SB21B.059

Amount of Each Disbursement this Period

167.00

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

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

Transaction ID : SB21B.010

Amount of Each Disbursement this Period

18.00

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

M M M / D D D / Y Y Y Y Y Y  
09 / 22 / 2014

Transaction ID : SB21B.011

Amount of Each Disbursement this Period

659.45

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

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

844.45

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Unlocking Potential PAC**

Full Name (Last, First, Middle Initial)

**A. BERTUCCI'S**

Mailing Address 155 OTIS STREET

City NORTHBOROUGH State MA Zip Code 01532

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2014

Transaction ID : **SB21B.032**

Amount of Each Disbursement this Period

164.98

Full Name (Last, First, Middle Initial)

**B. BEST BUY**

Mailing Address 7601 PENN AVE S

City RICHFIELD State MN Zip Code 55423

Purpose of Disbursement  
EQUIPMENT PURCHASE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 15 / 2014

Transaction ID : **SB21B.060**

Amount of Each Disbursement this Period

556.02

Full Name (Last, First, Middle Initial)

**C. BURNING GLASS CONSULTING, LLC**

Mailing Address PO BOX 25525

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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2014

Transaction ID : **SB21B.078**

Amount of Each Disbursement this Period

4000.00

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

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

4721.00

**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. BURNING GLASS CONSULTING, LLC**

Mailing Address PO BOX 25525

City ALEXANDRIA State VA Zip Code 22313

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  
08 / 26 / 2014

Transaction ID : SB21B.111

Amount of Each Disbursement this Period

950.31

Full Name (Last, First, Middle Initial)

**B. BUZZ BAKERY & LOUNGE**

Mailing Address 901 SLATERS LN.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

Transaction ID : SB21B.033

Amount of Each Disbursement this Period

11.55

Full Name (Last, First, Middle Initial)

**C. CAFE PANACHE**

Mailing Address 130 EAST MAIN ST.

City ST. RAMSEY State NJ Zip Code 07446

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  
08 / 25 / 2014

Transaction ID : SB21B.112

Amount of Each Disbursement this Period

12.44

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

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

974.30

**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**

**A. 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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 03 / 2014

Transaction ID : **SB21B.113**

Amount of Each Disbursement this Period: 171.28

**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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 26 / 2014

Transaction ID : **SB21B.114**

Amount of Each Disbursement this Period: 148.26

**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

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 09 / 26 / 2014

Transaction ID : **SB21B.115**

Amount of Each Disbursement this Period: 103.03

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 422.57

**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. CLARKE & SAMPSON INC**

Mailing Address 228 S WASHINGTON ST SUITE 200

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
INSURANCE

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  
09 / 10 / 2014

Transaction ID : **SB21B.052**

Amount of Each Disbursement this Period

5162.84

Full Name (Last, First, Middle Initial)

**B. CLEVERBRIDGE**

Mailing Address 333 N MICHIGAN AVE, STE 1600

City CHICAGO State IL Zip Code 60601

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

Transaction ID : **SB21B.016**

Amount of Each Disbursement this Period

198.00

Full Name (Last, First, Middle Initial)

**C. CLIKZY CREATIVE**

Mailing Address 102 N FAYETTE ST.

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) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 01 / 2014

Transaction ID : **SB21B.178**

Amount of Each Disbursement this Period

630.70

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

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

5991.54

**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. CLIKZY CREATIVE**

Mailing Address 102 N FAYETTE ST.

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) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 12 / 2014

Transaction ID : SB21B.179

Amount of Each Disbursement this Period

259.70

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

MM / DD / YYYY  
07 / 01 / 2014

Transaction ID : SB21B.009

Amount of Each Disbursement this Period

1.50

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

MM / DD / YYYY  
07 / 29 / 2014

Transaction ID : SB21B.017

Amount of Each Disbursement this Period

580.21

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

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

841.41

**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 M / D D D / Y Y Y Y Y Y  
08 / 26 / 2014

**Transaction ID : SB21B.018**

Amount of Each Disbursement this Period

311.75

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 M / D D D / Y Y Y Y Y Y  
09 / 10 / 2014

**Transaction ID : SB21B.019**

Amount of Each Disbursement this Period

20.28

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 M / D D D / Y Y Y Y Y Y  
09 / 12 / 2014

**Transaction ID : SB21B.020**

Amount of Each Disbursement this Period

48.25

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

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

380.28

**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

MM / DD / YYYY  
09 / 23 / 2014

Transaction ID : SB21B.021

Amount of Each Disbursement this Period

307.33

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

MM / DD / YYYY  
09 / 30 / 2014

Transaction ID : SB21B.022

Amount of Each Disbursement this Period

92.48

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  
DATABASE MANAGEMENT SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2014

Transaction ID : SB21B.027

Amount of Each Disbursement this Period

5109.00

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

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

5508.81

**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) ▼

Category/  
Type

Date of Disbursement

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

**Transaction ID : SB21B.028**

Amount of Each Disbursement this Period

4031.50

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  
DATABASE MANAGEMENT SERVICE

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  
09 / 16 / 2014

**Transaction ID : SB21B.029**

Amount of Each Disbursement this Period

100.58

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) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 13 / 2014

**Transaction ID : SB21B.013**

Amount of Each Disbursement this Period

1925.00

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

6057.08

**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. COMPLIANCE CONSULTING CO. OF VA**

Mailing Address PO BOX 365

City State Zip Code  
MCLEAN VA 22101

Purpose of Disbursement  
COMPLIANCE CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
09 / 17 / 2014

**Transaction ID : SB21B.014**

Amount of Each Disbursement this Period

3850.00

Full Name (Last, First, Middle Initial)

**B. CREATIVE RESPONSE CONCEPTS**

Mailing Address 2760 EISENHOWER AVE, 4TH FLR.

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
MEDIA

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

**Transaction ID : SB21B.057**

Amount of Each Disbursement this Period

511.00

Full Name (Last, First, Middle Initial)

**C. CREATIVE RESPONSE CONCEPTS**

Mailing Address 2760 EISENHOWER AVE, 4TH FLR.

City State Zip Code  
ALEXANDRIA VA 22314

Purpose of Disbursement  
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  
09 / 10 / 2014

**Transaction ID : SB21B.079**

Amount of Each Disbursement this Period

12500.00

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

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

16861.00

**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. 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) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2014

Transaction ID : SB21B.116

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B. 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) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2014

Transaction ID : SB21B.117

Amount of Each Disbursement this Period

672.10

Full Name (Last, First, Middle Initial)

**C. DFW CAB AND SHUTTLE**

Mailing Address 182 HOWARD ST STE #8

City SAN FRANCISCO State CA Zip Code 94105

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  
08 / 04 / 2014

Transaction ID : SB21B.118

Amount of Each Disbursement this Period

58.55

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

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

780.65

**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. DUNKIN' DONUTS**

Mailing Address 130 ROYALL ST.

City CANTON State MA Zip Code 02021

Purpose of Disbursement  
FOOD/BEVERAGE

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  
07 / 28 / 2014

Transaction ID : SB21B.034

Amount of Each Disbursement this Period

8.12

Full Name (Last, First, Middle Initial)

**B. ENGAGE LLC**

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) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 13 / 2014

Transaction ID : SB21B.180

Amount of Each Disbursement this Period

11250.00

Full Name (Last, First, Middle Initial)

**C. ENTERPRISE RENT-A-CAR**

Mailing Address 600 CORPORATE PARK DR.

City ST. LOUIS State MO Zip Code 63105

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  
07 / 28 / 2014

Transaction ID : SB21B.119

Amount of Each Disbursement this Period

322.46

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

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

11580.58

**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. FAIRFIELD INN**

Mailing Address 600 UNICORN PARK DR.

City WOBURN State MA Zip Code 01801

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  
09 / 22 / 2014

Transaction ID : SB21B.120

Amount of Each Disbursement this Period

216.91

Full Name (Last, First, Middle Initial)

**B. FEDERAL CITY CATERERS INC**

Mailing Address 1119 12TH ST NW

City WASHINGTON State DC Zip Code 20005

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  
09 / 26 / 2014

Transaction ID : SB21B.012

Amount of Each Disbursement this Period

3600.00

Full Name (Last, First, Middle Initial)

**C. FEDEX OFFICE**

Mailing Address THREE GALLERIA TOWER13155 NOEL RD

City DALLAS State TX Zip Code 75240

Purpose of Disbursement  
DELIVERY

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2014

Transaction ID : SB21B.030

Amount of Each Disbursement this Period

7.25

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

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

3824.16

**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. FREEDOM CABS, INC.**

Mailing Address 6030 SMITH RD.

City DENVER State CO Zip Code 80216

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  
08 / 25 / 2014

Transaction ID : SB21B.121

Amount of Each Disbursement this Period

55.00

Full Name (Last, First, Middle Initial)

**B. FRONTIER AIRLINES**

Mailing Address FRONTIER CENTER ONE7001 TOWER RD.

City DENVER State CO Zip Code 80249

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  
08 / 20 / 2014

Transaction ID : SB21B.122

Amount of Each Disbursement this Period

985.20

Full Name (Last, First, Middle Initial)

**C. FRONTIER AIRLINES**

Mailing Address FRONTIER CENTER ONE7001 TOWER RD.

City DENVER State CO Zip Code 80249

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  
08 / 20 / 2014

Transaction ID : SB21B.123

Amount of Each Disbursement this Period

357.10

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

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

1397.30

**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. FRONTIER AIRLINES**

Mailing Address FRONTIER CENTER ONE7001 TOWER RD.

City DENVER State CO Zip Code 80249

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  
08 / 21 / 2014

**Transaction ID : SB21B.124**

Amount of Each Disbursement this Period

357.10

Full Name (Last, First, Middle Initial)

**B. FRONTIER AIRLINES**

Mailing Address FRONTIER CENTER ONE7001 TOWER RD.

City DENVER State CO Zip Code 80249

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  
08 / 21 / 2014

**Transaction ID : SB21B.125**

Amount of Each Disbursement this Period

504.20

Full Name (Last, First, Middle Initial)

**C. FRONTIER AIRLINES**

Mailing Address FRONTIER CENTER ONE7001 TOWER RD.

City DENVER State CO Zip Code 80249

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  
08 / 21 / 2014

**Transaction ID : SB21B.126**

Amount of Each Disbursement this Period

25.00

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

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

886.30

**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. FRONTIER AIRLINES**

Mailing Address FRONTIER CENTER ONE7001 TOWER RD.

City DENVER State CO Zip Code 80249

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2014

Transaction ID : SB21B.127

Amount of Each Disbursement this Period

25.00

**B. FRONTIER AIRLINES**

Full Name (Last, First, Middle Initial)

Mailing Address FRONTIER CENTER ONE7001 TOWER RD.

City DENVER State CO Zip Code 80249

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2014

Transaction ID : SB21B.128

Amount of Each Disbursement this Period

6.00

**C. GIANT FOODS, LLC.**

Full Name (Last, First, Middle Initial)

Mailing Address 1149 HARRISBURG PIKE

City CARLISLE State PA Zip Code 17013

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 06 / 2014

Transaction ID : SB21B.129

Amount of Each Disbursement this Period

12.86

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

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

43.86

**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. GIANT FOODS, LLC.**

Mailing Address 1149 HARRISBURG PIKE

City State Zip Code  
CARLISLE PA 17013

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.130**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. GIANT FOODS, LLC.**

Mailing Address 1149 HARRISBURG PIKE

City State Zip Code  
CARLISLE PA 17013

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.131**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. GIANT FOODS, LLC.**

Mailing Address 1149 HARRISBURG PIKE

City State Zip Code  
CARLISLE PA 17013

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

Transaction ID : **SB21B.132**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Unlocking Potential PAC**

Full Name (Last, First, Middle Initial)

**A. HARLAND CLARKE**

Mailing Address 10931 LAREATE DR.

City State Zip Code  
SAN ANTONIO TX 78249

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 30 / 2014

Transaction ID : **SB21B.086**

Amount of Each Disbursement this Period

65.78

Full Name (Last, First, Middle Initial)

**B. HILTON HOTELS**

Mailing Address 7930 JONES BRANCH DR.

City State Zip Code  
MCLEAN VA 22102

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  
08 / 04 / 2014

Transaction ID : **SB21B.133**

Amount of Each Disbursement this Period

273.50

Full Name (Last, First, Middle Initial)

**C. HUDSON NEWS COMPANY**

Mailing Address 1305 PATERSON PLANK RD.

City State Zip Code  
NORTH BERGEN NJ 07047

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 24 / 2014

Transaction ID : **SB21B.035**

Amount of Each Disbursement this Period

2.39

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

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

341.67

**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. HYATT HOTEL**

Mailing Address 71 SWACKER DR.

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 25 / 2014

**Transaction ID : SB21B.134**

Amount of Each Disbursement this Period

4.86

**B. HYATT HOTEL**

Full Name (Last, First, Middle Initial)

Mailing Address 71 SWACKER DR.

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2014

**Transaction ID : SB21B.135**

Amount of Each Disbursement this Period

193.93

**C. HYATT HOTEL**

Full Name (Last, First, Middle Initial)

Mailing Address 71 SWACKER DR.

City CHICAGO State IL Zip Code 60606

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 26 / 2014

**Transaction ID : SB21B.136**

Amount of Each Disbursement this Period

564.04

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

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

762.83

**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. HYATT HOTEL**

Mailing Address 71 SWACKER DR.

City CHICAGO State IL Zip Code 60606

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
08	/	26	/	2014

Transaction ID : SB21B.137

Amount of Each Disbursement this Period

888.02
--------

**B. INNOVATIVE STRATEGIES**

Full Name (Last, First, Middle Initial)

Mailing Address 2308 MT. VERNON AVE, STE 320

City ALEXANDRIA State VA Zip Code 22101

Purpose of Disbursement WEB SERVICE/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
08	/	22	/	2014

Transaction ID : SB21B.183

Amount of Each Disbursement this Period

2073.74
---------

**C. INTUIT**

Full Name (Last, First, Middle Initial)

Mailing Address 2632 MARINES WAY

City MOUNTAIN VIEW State CA Zip Code 94043

Purpose of Disbursement PRINTING

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
08	/	11	/	2014

Transaction ID : SB21B.087

Amount of Each Disbursement this Period

134.60
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

3096.36
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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. 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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
08 / 11 / 2014

**Transaction ID : SB21B.095**

Amount of Each Disbursement this Period

18.86

Full Name (Last, First, Middle Initial)

**B. 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  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 08 / 2014

**Transaction ID : SB21B.096**

Amount of Each Disbursement this Period

18.86

Full Name (Last, First, Middle Initial)

**C. JAYNE MILLERICK**

Mailing Address 14 HEIDI LN

City BOW State NH Zip Code 03304

Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /   
09 / 13 / 2014

**Transaction ID : SB21B.092**

Amount of Each Disbursement this Period

6000.00

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

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

6037.72

**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. JETBLUE**

Mailing Address PO BOX 17435

City SALT LAKE CITY State UT Zip Code 84117

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  
08 / 18 / 2014

Transaction ID : SB21B.138

Amount of Each Disbursement this Period

68.99

Full Name (Last, First, Middle Initial)

**B. JETBLUE**

Mailing Address PO BOX 17435

City SALT LAKE CITY State UT Zip Code 84117

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  
09 / 15 / 2014

Transaction ID : SB21B.139

Amount of Each Disbursement this Period

487.97

Full Name (Last, First, Middle Initial)

**C. KE STRATEGIES LLC**

Mailing Address 836 PENDLETON DR

City SALEM State VA Zip Code 24153

Purpose of Disbursement  
RESEARCH CONSULTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

Transaction ID : SB21B.093

Amount of Each Disbursement this Period

12000.00

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

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

12556.96

**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. 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 M / D D D / Y Y Y Y Y Y  
09 / 22 / 2014

Transaction ID : SB21B.031

Amount of Each Disbursement this Period

7005.58

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  
FUNDRAISING CONSULTING

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  
07 / 25 / 2014

Transaction ID : SB21B.045

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

**C. KRAMER & ASSOCIATES**

Mailing Address 2201 FRANCISCO DR STE 140-183

City EL DORADO HILLS State CA Zip Code 95762

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 M / D D D / Y Y Y Y Y Y  
08 / 26 / 2014

Transaction ID : SB21B.046

Amount of Each Disbursement this Period

5000.00

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

15505.58

**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. KRAMER & ASSOCIATES**

Mailing Address 2201 FRANCISCO DR STE 140-183

City EL DORADO HILLS State CA Zip Code 95762

Purpose of Disbursement  
FUNDRAISING CONSULTING/WEB SERVICE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
08 / 13 / 2014

Transaction ID : **SB21B.051**

Amount of Each Disbursement this Period

5075.00

Full Name (Last, First, Middle Initial)

**B. LANDINI BROTHERS RESTAURANT**

Mailing Address 115 KING STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 26 / 2014

Transaction ID : **SB21B.036**

Amount of Each Disbursement this Period

413.45

Full Name (Last, First, Middle Initial)

**C. LAZ PARKING**

Mailing Address 15 LEWIS ST, FLR 5

City HARTFORD State CT Zip Code 06103

Purpose of Disbursement  
TRAVEL

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

Transaction ID : **SB21B.140**

Amount of Each Disbursement this Period

23.00

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

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

5511.45

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Unlocking Potential PAC**

Full Name (Last, First, Middle Initial)

**A. LEE'S SWINE & GOURMET**

Mailing Address 801 BASHFORD LN.

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
07 / 31 / 2014

Transaction ID : SB21B.037

Amount of Each Disbursement this Period

7.16

Full Name (Last, First, Middle Initial)

**B. MAILINK**

Mailing Address 7101 143RD AVE NW STE M

City ANOKA State MN Zip Code 55303

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  
09 / 08 / 2014

Transaction ID : SB21B.081

Amount of Each Disbursement this Period

1060.00

Full Name (Last, First, Middle Initial)

**C. MARRIOTT**

Mailing Address 10400 FERNWOOD RD.

City BETHESDA State MD Zip Code 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

MM / DD / YYYY  
07 / 28 / 2014

Transaction ID : SB21B.141

Amount of Each Disbursement this Period

138.58

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

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

1205.74

**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. 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
07		28		2014

**Transaction ID : SB21B.142**

Amount of Each Disbursement this Period

6.00
------

Full Name (Last, First, Middle Initial)

**B. 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
07		28		2014

**Transaction ID : SB21B.143**

Amount of Each Disbursement this Period

133.58
--------

Full Name (Last, First, Middle Initial)

**C. 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
07		28		2014

**Transaction ID : SB21B.144**

Amount of Each Disbursement this Period

206.01
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

345.59
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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. MARRIOTT**

Mailing Address 10400 FERNWOOD RD.

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 28 / 2014

Transaction ID : **SB21B.145**

Amount of Each Disbursement this Period  
133.58

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

Mailing Address 10400 FERNWOOD RD.

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
07 / 28 / 2014

Transaction ID : **SB21B.146**

Amount of Each Disbursement this Period  
3972.74

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

Mailing Address 10400 FERNWOOD RD.

City BETHESDA State MD Zip Code 20817

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
09 / 29 / 2014

Transaction ID : **SB21B.147**

Amount of Each Disbursement this Period  
805.61

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 4911.93

**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. 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) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 29 / 2014

**Transaction ID : SB21B.148**

Amount of Each Disbursement this Period

254.92

Full Name (Last, First, Middle Initial)

**B. MCDONALD'S**

Mailing Address 2111 MCDONALDS DR.

City State Zip Code  
OAK BROOK IL 60523

Purpose of Disbursement  
FOOD/BEVERAGE

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 Y  
07 / 30 / 2014

**Transaction ID : SB21B.038**

Amount of Each Disbursement this Period

2.20

Full Name (Last, First, Middle Initial)

**C. MEATH MEDIA GROUP**

Mailing Address 4441 KLINGLE 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) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
07 / 25 / 2014

**Transaction ID : SB21B.058**

Amount of Each Disbursement this Period

5000.00

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

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

5257.12

**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. MERCHANT E-SOLUTIONS**

Mailing Address 3600 BRIDGE PKWY, STE 102

City State Zip Code  
REDWOOD CITY CA 94065

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

/  /   
07 / 03 / 2014

Transaction ID : **SB21B.023**

Amount of Each Disbursement this Period

25.49

Full Name (Last, First, Middle Initial)

**B. MERCHANT E-SOLUTIONS**

Mailing Address 3600 BRIDGE PKWY, STE 102

City State Zip Code  
REDWOOD CITY CA 94065

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

/  /   
09 / 05 / 2014

Transaction ID : **SB21B.024**

Amount of Each Disbursement this Period

277.43

Full Name (Last, First, Middle Initial)

**C. MERCHANT E-SOLUTIONS**

Mailing Address 3600 BRIDGE PKWY, STE 102

City State Zip Code  
REDWOOD CITY CA 94065

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

/  /   
08 / 07 / 2014

Transaction ID : **SB21B.025**

Amount of Each Disbursement this Period

377.53

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

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

680.45

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Unlocking Potential PAC**

Full Name (Last, First, Middle Initial)

**A. MERCHANT E-SOLUTIONS**

Mailing Address 3600 BRIDGE PKWY, STE 102

City REDWOOD CITY State CA Zip Code 94065

Purpose of Disbursement  
CREDIT CARD MERCHANT FEES

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 04 / 2014

**Transaction ID : SB21B.026**

Amount of Each Disbursement this Period

677.02

**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

MM / DD / YYYY  
09 / 10 / 2014

**Transaction ID : SB21B.080**

Amount of Each Disbursement this Period

43750.00

**C. MPIC**

Full Name (Last, First, Middle Initial)

Mailing Address 5631 HEMING AVE.

City SPRINGFIELD State VA Zip Code 22151

Purpose of Disbursement  
FUNDRAISING CONSULTING

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 28 / 2014

**Transaction ID : SB21B.047**

Amount of Each Disbursement this Period

5000.00

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

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

49427.02

**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. NEW RIVER RESEARCH INSTITUTE**

Mailing Address 2150 COUNTRY CLUB RD STE 221

City WINSTON-SALEM State NC Zip Code 27104

Purpose of Disbursement  
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  
08 / 17 / 2014

**Transaction ID : SB21B.181**

Amount of Each Disbursement this Period

3535.00

Full Name (Last, First, Middle Initial)

**B. NJ TRANSIT**

Mailing Address 1 PENN PLAZA E

City NEWARK State NJ Zip Code 07105

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  
08 / 27 / 2014

**Transaction ID : SB21B.149**

Amount of Each Disbursement this Period

45.00

Full Name (Last, First, Middle Initial)

**C. NJ TRANSIT**

Mailing Address 1 PENN PLAZA E

City NEWARK State NJ Zip Code 07105

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  
09 / 23 / 2014

**Transaction ID : SB21B.150**

Amount of Each Disbursement this Period

30.00

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

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

3610.00

**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. 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

M M M	/	D D D	/	Y Y Y Y Y
08	/	27	/	2014

Transaction ID : SB21B.151

Amount of Each Disbursement this Period

7.50
------

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

M M M	/	D D D	/	Y Y Y Y Y
08	/	28	/	2014

Transaction ID : SB21B.152

Amount of Each Disbursement this Period

9.50
------

Full Name (Last, First, Middle Initial)

**C. OTG DCA VENTURE**

Mailing Address 2561 CORNELIA RD, APT 200

City HERNDON State VA Zip Code 20171

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
08	/	25	/	2014

Transaction ID : SB21B.153

Amount of Each Disbursement this Period

13.18
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

30.18
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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. PINNACLE LIST COMPANY**

Mailing Address 2800 SHIRLINGTON RD STE 970

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
LIST PURCHASE

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
07	/	25	/	2014

Transaction ID : SB21B.056

Amount of Each Disbursement this Period

17701.32
----------

Full Name (Last, First, Middle Initial)

**B. PPA PENNSYLVANIA PARKING AUTHORITY**

Mailing Address 701 MARKET ST, STE 5400

City PHILADELPHIA State PA Zip Code 10916

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
08	/	04	/	2014

Transaction ID : SB21B.154

Amount of Each Disbursement this Period

40.00
-------

Full Name (Last, First, Middle Initial)

**C. PPA PENNSYLVANIA PARKING AUTHORITY**

Mailing Address 701 MARKET ST, STE 5400

City PHILADELPHIA State PA Zip Code 10916

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
09	/	22	/	2014

Transaction ID : SB21B.155

Amount of Each Disbursement this Period

40.00
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

17781.32
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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. QUIZNOS**

Mailing Address 1001 17TH STREET, STE 200

City DENVER State CO Zip Code 80202

Purpose of Disbursement  
FOOD/BEVERAGE

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  
07 / 25 / 2014

Transaction ID : SB21B.039

Amount of Each Disbursement this Period

8.27

Full Name (Last, First, Middle Initial)

**B. REAGAN INTERNATIONAL AIRPORT**

Mailing Address 1 AVIATION CIRCLE

City WASHINGTON State DC Zip Code 20001

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  
07 / 25 / 2014

Transaction ID : SB21B.156

Amount of Each Disbursement this Period

44.00

Full Name (Last, First, Middle Initial)

**C. REAGAN INTERNATIONAL AIRPORT**

Mailing Address 1 AVIATION CIRCLE

City WASHINGTON State DC Zip Code 20001

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  
08 / 25 / 2014

Transaction ID : SB21B.157

Amount of Each Disbursement this Period

44.00

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

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

96.27

**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

MM / DD / YYYY  
08 / 18 / 2014

**Transaction ID : SB21B.048**

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

MM / DD / YYYY  
09 / 02 / 2014

**Transaction ID : SB21B.049**

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

**C. ROYAL RESTAURANT**

Mailing Address 734 N ST. ASAPH STREET

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 04 / 2014

**Transaction ID : SB21B.040**

Amount of Each Disbursement this Period

24.63

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

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

20024.63

**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. SNHU**

Mailing Address 2500 N RIVER RD.

City MANCHESTER State NH Zip Code 03106

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

/  /

Transaction ID : **SB21B.097**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. SNHU**

Mailing Address 2500 N RIVER RD.

City MANCHESTER State NH Zip Code 03106

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

/  /

Transaction ID : **SB21B.098**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. SNHU**

Mailing Address 2500 N RIVER RD.

City MANCHESTER State NH Zip Code 03106

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

/  /

Transaction ID : **SB21B.099**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**Unlocking Potential PAC**

Full Name (Last, First, Middle Initial)

**A. SPECTRUM MARKETING COMPANIES**

Mailing Address 95 EDDY RD, STE 101

City MANCHESTER State NH Zip Code 03102

Purpose of Disbursement  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : **SB21B.088**

Amount of Each Disbursement this Period

1518.34

Full Name (Last, First, Middle Initial)

**B. STAPLES**

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702

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

MM / DD / YYYY  
08 / 07 / 2014

Transaction ID : **SB21B.061**

Amount of Each Disbursement this Period

21.72

Full Name (Last, First, Middle Initial)

**C. STAPLES**

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702

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

MM / DD / YYYY  
08 / 11 / 2014

Transaction ID : **SB21B.062**

Amount of Each Disbursement this Period

30.19

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

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

1570.25

**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. STAPLES**

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702

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

MM / DD / YYYY  
08 / 14 / 2014

Transaction ID : SB21B.063

Amount of Each Disbursement this Period

16.42

Full Name (Last, First, Middle Initial)

**B. STAPLES**

Mailing Address 500 STAPLES DR.

City FRAMINGHAM State MA Zip Code 01702

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

MM / DD / YYYY  
09 / 26 / 2014

Transaction ID : SB21B.064

Amount of Each Disbursement this Period

81.57

Full Name (Last, First, Middle Initial)

**C. STSTWEAK**

Mailing Address 572 & 573, G-1, TOWER B-1 EVOLVEI

City VILLAGE KALWARA, TALUKA SANANE State JA Zip Code 30203

Purpose of Disbursement  
SOFTWARE PURCHASE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 21 / 2014

Transaction ID : SB21B.094

Amount of Each Disbursement this Period

39.90

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

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

137.89

**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  
PRINTING

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 18 / 2014

Transaction ID : **SB21B.089**

Amount of Each Disbursement this Period

6500.00

Full Name (Last, First, Middle Initial)

**B. TARBELL COMPANIES, INC.**

Mailing Address 66 CANAL CENTER PLAZA STE 500

City ALEXANDRIA State VA Zip Code 22314

Purpose of Disbursement  
REGISTRATION FEE/TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 19 / 2014

Transaction ID : **SB21B.091**

Amount of Each Disbursement this Period

1724.00

Full Name (Last, First, Middle Initial)

**C. THE BROWN BAG**

Mailing Address 606 MAIN ST.

City ROCKLAND State ME Zip Code 04841

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
08 / 14 / 2014

Transaction ID : **SB21B.041**

Amount of Each Disbursement this Period

24.37

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

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

8248.37

**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 CAPITAL GRILLE**

Mailing Address 601 PENNSYLVANIA AVE NW

City WASHINGTON State DC Zip Code 20004

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 29 / 2014

Transaction ID : **SB21B.042**

Amount of Each Disbursement this Period

70.28

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) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 10 / 2014

Transaction ID : **SB21B.090**

Amount of Each Disbursement this Period

64668.71

Full Name (Last, First, Middle Initial)

**C. THE LUKENS COMPANY**

Mailing Address 2800 SHIRLINGTON RD 9TH FLR

City ARLINGTON State VA Zip Code 22206

Purpose of Disbursement  
WEB SERVICE

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 20 / 2014

Transaction ID : **SB21B.182**

Amount of Each Disbursement this Period

4330.00

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

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

69068.99

**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 MAIL HAUS**

Mailing Address 1745 SUBURBAN DR

City DEPERE State WI Zip Code 54115

Purpose of Disbursement  
POSTAGE

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  
07 / 09 / 2014

**Transaction ID : SB21B.082**

Amount of Each Disbursement this Period

7385.29

Full Name (Last, First, Middle Initial)

**B. THE MAIL HAUS**

Mailing Address 1745 SUBURBAN DR

City DEPERE State WI Zip Code 54115

Purpose of Disbursement  
POSTAGE

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  
07 / 25 / 2014

**Transaction ID : SB21B.083**

Amount of Each Disbursement this Period

52098.00

Full Name (Last, First, Middle Initial)

**C. THE MCINTOSH COMPANY, INC.**

Mailing Address 5310 HARVEST HILL RD STE 209

City DALLAS State TX Zip Code 75230

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 M / D D D / Y Y Y Y Y Y  
09 / 02 / 2014

**Transaction ID : SB21B.050**

Amount of Each Disbursement this Period

2500.00

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

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

61983.29

**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. TRACEY GARCIA**

Mailing Address 23014 WEYBRIDGE SQUARE

City BROADSLANDS State VA Zip Code 20148

Purpose of Disbursement  
PERSONNEL SERVICE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 02 / 2014

Transaction ID : **SB21B.077**

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

**B. TRAVRES TRAVEL**

Mailing Address 333 108TH AVENUE NE, STE 300

City BELLEVUE State WA Zip Code 98004

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  
08 / 18 / 2014

Transaction ID : **SB21B.158**

Amount of Each Disbursement this Period

305.08

Full Name (Last, First, Middle Initial)

**C. TROPICAL SMOOTHIE**

Mailing Address 4100 LEGANDARY DR, STE 250

City DESTIN State FL Zip Code 32541

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
07 / 30 / 2014

Transaction ID : **SB21B.043**

Amount of Each Disbursement this Period

50.30

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

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

605.38

**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. TROPICAL SMOOTHIE**

Mailing Address 4100 LEGANDARY DR, STE 250

City DESTIN State FL Zip Code 32541

Purpose of Disbursement  
FOOD/BEVERAGE

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 07 / 2014

**Transaction ID : SB21B.044**

Amount of Each Disbursement this Period

32.30

Full Name (Last, First, Middle Initial)

**B. 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) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 27 / 2014

**Transaction ID : SB21B.159**

Amount of Each Disbursement this Period

35.00

Full Name (Last, First, Middle Initial)

**C. 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) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 23 / 2014

**Transaction ID : SB21B.160**

Amount of Each Disbursement this Period

22.00

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

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

89.30

**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  
07 / 23 / 2014

**Transaction ID : SB21B.161**

Amount of Each Disbursement this Period

543.10

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  
09 / 19 / 2014

**Transaction ID : SB21B.162**

Amount of Each Disbursement this Period

49.00

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  
09 / 19 / 2014

**Transaction ID : SB21B.163**

Amount of Each Disbursement this Period

49.00

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

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

641.10

**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. 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  
09 / 19 / 2014

**Transaction ID : SB21B.164**

Amount of Each Disbursement this Period

487.20

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  
09 / 25 / 2014

**Transaction ID : SB21B.165**

Amount of Each Disbursement this Period

195.50

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  
07 / 25 / 2014

**Transaction ID : SB21B.166**

Amount of Each Disbursement this Period

233.10

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

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

915.80

**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  
07 / 30 / 2014

Transaction ID : SB21B.167

Amount of Each Disbursement this Period

464.10

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  
09 / 10 / 2014

Transaction ID : SB21B.168

Amount of Each Disbursement this Period

124.10

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  
09 / 10 / 2014

Transaction ID : SB21B.169

Amount of Each Disbursement this Period

124.10

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

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

712.30

**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) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : SB21B.170**

Amount of Each Disbursement this Period

169.10

**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) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 18 / 2014

**Transaction ID : SB21B.171**

Amount of Each Disbursement this Period

174.10

**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) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 22 / 2014

**Transaction ID : SB21B.172**

Amount of Each Disbursement this Period

11.00

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

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

354.20

**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. 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  
09 / 22 / 2014

Transaction ID : SB21B.173

Amount of Each Disbursement this Period

26.00

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  
09 / 29 / 2014

Transaction ID : SB21B.174

Amount of Each Disbursement this Period

594.10

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  
08 / 18 / 2014

Transaction ID : SB21B.177

Amount of Each Disbursement this Period

14.99

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

635.09

**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. 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

M M M / D D D / Y Y Y Y Y Y  
08 / 14 / 2014

Transaction ID : **SB21B.084**

Amount of Each Disbursement this Period

39.20

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

M M M / D D D / Y Y Y Y Y Y  
08 / 20 / 2014

Transaction ID : **SB21B.085**

Amount of Each Disbursement this Period

9.80

Full Name (Last, First, Middle Initial)

**C. VIRGIN AMERICA**

Mailing Address 555 AIRPORT BLVD, FL 2

City BURLINGAME State CA Zip Code 92610

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  
08 / 20 / 2014

Transaction ID : **SB21B.175**

Amount of Each Disbursement this Period

152.10

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

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

201.10

**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

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**

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

Mailing Address 555 AIRPORT BLVD, FL 2

City BURLINGAME State CA Zip Code 92610

Purpose of Disbursement TRAVEL

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: MM / DD / YYYY  
08 / 25 / 2014

Transaction ID : **SB21B.176**

Amount of Each Disbursement this Period: 127.00

Category/Type

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

Date of Disbursement: MM / DD / YYYY  
07 / 25 / 2014

Transaction ID : **SB21B.053**

Amount of Each Disbursement this Period: 14050.00

Category/Type

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

Date of Disbursement: MM / DD / YYYY  
09 / 10 / 2014

Transaction ID : **SB21B.054**

Amount of Each Disbursement this Period: 15441.25

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 29618.25

**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. 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  
09 / 30 / 2014

**Transaction ID : SB21B.055**

Amount of Each Disbursement this Period

8478.75

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)..... ▶

8478.75

407178.14

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Unlocking Potential PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>AMERICAN MAJORITY ACTION</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 20 / 2014
Mailing Address PO BOX 309	Amount <span style="border: 1px solid black; padding: 2px;">22110.00</span>
City State Zip Code PURCELLVILLE VA 20434	
Purpose of Expenditure STAFF/MANGEMENT CONSULTING/TRAVEL	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate CORY GARDNER	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 22 / 2014
Name of Federal Candidate CORY GARDNER	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">54218.87</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>TELEPHONE TOWN HALL MEETING INC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 12 / 2014
Mailing Address 958 CONEFLOWER DR	Amount <span style="border: 1px solid black; padding: 2px;">5585.26</span>
City State Zip Code GOLDEN CO 80401	
Purpose of Expenditure TELEPHONE TOWN HALL	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate CORY GARDNER	Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 22 / 2014
Name of Federal Candidate CORY GARDNER	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">54218.87</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">27695.26</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
08 / 22 / 2014

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Unlocking Potential PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>DENVER ATHLETIC CLUB</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 23 / 2014
Mailing Address 1325 GLENARM PL	Amount <span style="border: 1px solid black; padding: 2px;">8523.61</span>
City State Zip Code DENVER CO 80204	<b>Transaction ID : SE24-999.003</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 25 / 2014
Purpose of Expenditure FACILITY RENTAL/CATERING	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate CORY GARDNER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">54218.87</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>DENVER ATHLETIC CLUB</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 23 / 2014
Mailing Address 1325 GLENARM PL	Amount <span style="border: 1px solid black; padding: 2px;">1000.00</span>
City State Zip Code DENVER CO 80204	<b>Transaction ID : SE24-999.004</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 25 / 2014
Purpose of Expenditure FACILITY RENTAL/CATERING	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate CORY GARDNER	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: <u>CO</u>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">54218.87</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">9523.61</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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  
09 / 15 / 2014

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Unlocking Potential PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="float:right">M M M / D D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>MLJ CONSULTING INC</b>	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 15 / 2014</b>
Mailing Address PO BOX 371	Amount <b>14000.00</b>
City State Zip Code <b>ALEXANDRIA VA 22313</b>	
Purpose of Expenditure STAFF/MANAGEMENT CONSULTING	Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>
Name of Federal Candidate <b>CORY GARDNER</b>	<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: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought	<b>54218.87</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : SE24-999.005**

Full Name of Payee <b>MLJ CONSULTING INC</b>	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y <b>09 / 22 / 2014</b>
Mailing Address PO BOX 371	Amount <b>3000.00</b>
City State Zip Code <b>ALEXANDRIA VA 22313</b>	
Purpose of Expenditure STAFF/MANAGEMENT CONSULTING	Category/Type <span style="border: 1px solid black; display: inline-block; width: 40px; height: 15px;"></span>
Name of Federal Candidate <b>CORY GARDNER</b>	<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: <b>CO</b>
Calendar Year-To-Date Per Election for Office Sought	<b>54218.87</b> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

**Transaction ID : SE24-999.006**

<b>(a) SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<b>17000.00</b>
<b>(b) SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>
<b>(c) TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; display: inline-block; width: 100%; height: 15px;"></span>

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*

Signature \_\_\_\_\_ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y  
**09 / 15 / 2014**

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Unlocking Potential PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>MLJ CONSULTING INC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 25 / 2014
Mailing Address PO BOX 371	Amount <span style="border: 1px solid black; padding: 2px;">32000.00</span>
City State Zip Code ALEXANDRIA VA 22313	<b>Transaction ID : SE24-977</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 25 / 2014
Purpose of Expenditure STAFF/MANAGEMENT CONSULTING/TRAVEL	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
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 <span style="border: 1px solid black; padding: 2px;">50500.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>MLJ CONSULTING INC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 15 / 2014
Mailing Address PO BOX 371	Amount <span style="border: 1px solid black; padding: 2px;">12500.00</span>
City State Zip Code ALEXANDRIA VA 22313	<b>Transaction ID : SE24-978</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 13 / 2014
Purpose of Expenditure STAFF/MANAGEMENT CONSULTING/TRAVEL	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
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 <span style="border: 1px solid black; padding: 2px;">50500.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">44500.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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  
08 / 25 / 2014

Signature

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Unlocking Potential PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>MLJ CONSULTING INC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 22 / 2014
Mailing Address PO BOX 371	Amount <span style="border: 1px solid black; padding: 2px;">6000.00</span>
City State Zip Code ALEXANDRIA VA 22313	<b>Transaction ID : SE24-979</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 22 / 2014
Purpose of Expenditure STAFF/MANAGEMENT CONSULTING/TRAVEL	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
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 <input type="checkbox"/> President <input type="checkbox"/> Other (specify) _____ District: _____ State: <b>NH</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">50500.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____

Full Name of Payee <b>MLJ CONSULTING INC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 28 / 2014
Mailing Address PO BOX 371	Amount <span style="border: 1px solid black; padding: 2px;">13170.00</span>
City State Zip Code ALEXANDRIA VA 22313	<b>Transaction ID : SE24.4000</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 08 / 28 / 2014
Purpose of Expenditure STAFF/MANAGEMENT CONSULTING/TRAVEL	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
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"/> Other (specify) _____ District: _____ State: <b>IA</b>
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">73795.90</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ► _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ►	<span style="border: 1px solid black; padding: 2px;">19170.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ►	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ►	<span style="border: 1px solid black; padding: 2px;"> </span>

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  
09 / 22 / 2014

Signature \_\_\_\_\_

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Unlocking Potential PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span>	

Full Name of Payee <b>MLJ CONSULTING INC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 05 / 2014
Mailing Address PO BOX 371	Amount <span style="border: 1px solid black; padding: 2px;">7000.00</span>
City State Zip Code ALEXANDRIA VA 22313	
Purpose of Expenditure PRINTING/POSTAGE	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
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	<span style="border: 1px solid black; padding: 2px;">73795.90</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>MLJ CONSULTING INC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y Y Y</span> 09 / 15 / 2014
Mailing Address PO BOX 371	Amount <span style="border: 1px solid black; padding: 2px;">20625.90</span>
City State Zip Code ALEXANDRIA VA 22313	
Purpose of Expenditure STAFF/MANAGEMENT CONSULTING/TRAVEL	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
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	<span style="border: 1px solid black; padding: 2px;">73795.90</span> Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">27625.90</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>

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

Signature \_\_\_\_\_ [Electronically Filed] Date M M / D D / Y Y Y Y Y Y  
09 / 15 / 2014

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>Unlocking Potential PAC</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span>	

Full Name of Payee <b>MLJ CONSULTING INC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 09 / 22 / 2014
Mailing Address PO BOX 371	Amount <span style="border: 1px solid black; padding: 2px;">8000.00</span>
City State Zip Code ALEXANDRIA VA 22313	<b>Transaction ID : SE24.4003</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 09 / 22 / 2014
Purpose of Expenditure STAFF/MANAGEMENT CONSULTING/TRAVEL	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
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 <span style="border: 1px solid black; padding: 2px;">73795.90</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <b>MLJ CONSULTING INC</b>	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 09 / 29 / 2014
Mailing Address PO BOX 371	Amount <span style="border: 1px solid black; padding: 2px;">25000.00</span>
City State Zip Code ALEXANDRIA VA 22313	<b>Transaction ID : SE24.4004</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">M M / D D / Y Y Y Y</span> 09 / 29 / 2014
Purpose of Expenditure STAFF/MANAGEMENT CONSULTING/TRAVEL	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
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 <span style="border: 1px solid black; padding: 2px;">73795.90</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">33000.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">178514.77</span>

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]

Signature \_\_\_\_\_ Date M M / D D / Y Y Y Y  
09 / 29 / 2014