

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 268 Bush Street Unit4409 San Francisco CA 94104

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

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 Year-End Report (YE) X, July 31 Mid-Year Report (Non-election Year Only) (MY), Termination Report (TER) (b) Monthly Report Due On: Feb 20 (M2), May 20 (M5), Aug 20 (M8), Nov 20 (M11) (Non-Election Year Only), Mar 20 (M3), Jun 20 (M6), Sep 20 (M9), Dec 20 (M12) (Non-Election Year Only), Apr 20 (M4), Jul 20 (M7), Oct 20 (M10), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S) Election on in the State of (d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S) Election on in the State of

5. Covering Period 07 / 25 / 2013 through 12 / 31 / 2013

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

Type or Print Name of Treasurer Lisa Le

Signature of Treasurer Lisa Le [Electronically Filed] Date 05 / 19 / 2014

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

POWERPACPLUS

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2013"/>		22364.77
(b) Cash on Hand at Beginning of Reporting Period.....	98002.16	
(c) Total Receipts (from Line 19)	45359.00	217723.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	143361.16	240087.77
7. Total Disbursements (from Line 31).....	122057.29	218783.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	21303.87	21303.87
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

POWERPACPLUS

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 25 / 2013 To: M M / D D / Y Y Y Y 12 / 31 / 2013

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).....	5000.00	5000.00
(ii) Unitemized	20.00	20.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5020.00	5020.00
(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)	5020.00	5020.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	1000.00	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	39339.00	211703.00
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))..... ▶	45359.00	217723.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	45359.00	217723.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	153.92	363.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	153.92	363.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	6000.00
24. Independent Expenditures (use Schedule E)	39630.55	46630.55
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	20.00	20.00
(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)).....	20.00	20.00
29. Other Disbursements	79752.82	165769.43
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)) ..	122057.29	218783.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	122057.29	218783.90

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)	5020.00	5020.00
34. Total Contribution Refunds (from Line 28(d))	20.00	20.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5000.00	5000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	153.92	363.92
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	153.92	363.92

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

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

FOR LINE NUMBER: PAGE 6 OF 45
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
POWERPACPLUS

A. Steve Phillips
Full Name (Last, First, Middle Initial)
Mailing Address 553 Arkansas St.
City San Francisco State CA Zip Code 94107
FEC ID number of contributing federal political committee. **C**
Name of Employer Self-Employed Occupation Attorney
Receipt For: Primary General Other (specify)
Aggregate Year-to-Date **25200.00**

Date of Receipt **11 / 11 / 2013**
Transaction ID : SA11AI.9028
Amount of Each Receipt this Period **5000.00**

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

Date of Receipt
Amount of Each Receipt this Period

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

Date of Receipt
Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

A. Iris Archuleta
Full Name (Last, First, Middle Initial)

Mailing Address 1883 Mt. Conness Way

City Antioch	State CA	Zip Code 94531
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FEC ID number of contributing federal political committee. **C**

Name of Employer Emerald HPC International, LLC	Occupation Consultant
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	23	/	2013

Transaction ID : SA17.9162

Amount of Each Receipt this Period
20.00

Non-contribution account. Earmarked through ActBlue

B. Iris Archuleta
Full Name (Last, First, Middle Initial)

Mailing Address 1883 Mt. Conness Way

City Antioch	State CA	Zip Code 94531
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FEC ID number of contributing federal political committee. **C**

Name of Employer Emerald HPC International, LLC	Occupation Consultant
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	23	/	2013

Transaction ID : SA17.9213

Amount of Each Receipt this Period
20.00

Non-contribution account. Earmarked through ActBlue

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

Mailing Address 3068 Birdsau Ave

City Oakland	State CA	Zip Code 94619
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FEC ID number of contributing federal political committee. **C**

Name of Employer DNB Strategie Consulting	Occupation Consultant
--	--------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	31	/	2013

Transaction ID : SA17.9093

Amount of Each Receipt this Period
240.00

Non-contribution account. Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional).....▶	280.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

A. Helen Cagampang
Full Name (Last, First, Middle Initial)
Mailing Address 1015 Fresno Ave.
City Berkeley State CA Zip Code 94707
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Not Employed
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 210.00

Date of Receipt 09 / 04 / 2013
Transaction ID : SA17.8963
Amount of Each Receipt this Period 50.00
Non-contribution account. Earmarked through ActBlue

B. Helen Cagampang
Full Name (Last, First, Middle Initial)
Mailing Address 1015 Fresno Ave.
City Berkeley State CA Zip Code 94707
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Not Employed
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 260.00

Date of Receipt 10 / 04 / 2013
Transaction ID : SA17.9017
Amount of Each Receipt this Period 50.00
Non-contribution account. Earmarked through ActBlue

C. Helen Cagampang
Full Name (Last, First, Middle Initial)
Mailing Address 1015 Fresno Ave.
City Berkeley State CA Zip Code 94707
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Not Employed
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 280.00

Date of Receipt 10 / 23 / 2013
Transaction ID : SA17.9063
Amount of Each Receipt this Period 20.00
Non-contribution account. Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional).....▶ 120.00
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 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

A. Helen Cagampang
Full Name (Last, First, Middle Initial)
Mailing Address 1015 Fresno Ave.
City Berkeley State CA Zip Code 94707
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Not Employed
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **330.00**

Date of Receipt **11 / 04 / 2013**
Transaction ID : SA17.9123
Amount of Each Receipt this Period **50.00**
Non-contribution account. Earmarked through ActBlue

B. Helen Cagampang
Full Name (Last, First, Middle Initial)
Mailing Address 1015 Fresno Ave.
City Berkeley State CA Zip Code 94707
FEC ID number of contributing federal political committee. **C**
Name of Employer None Occupation Not Employed
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **380.00**

Date of Receipt **12 / 04 / 2013**
Transaction ID : SA17.9184
Amount of Each Receipt this Period **50.00**
Non-contribution account. Earmarked through ActBlue

C. Amy Epstein
Full Name (Last, First, Middle Initial)
Mailing Address 1467 Shotwell St.
City San Francisco State CA Zip Code 94110
FEC ID number of contributing federal political committee. **C**
Name of Employer Leadership Public Schools Occupation Public School Administrator
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **270.00**

Date of Receipt **09 / 04 / 2013**
Transaction ID : SA17.8964
Amount of Each Receipt this Period **240.00**
Non-contribution account. Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional)..... **340.00**
TOTAL This Period (last page this line number only).....

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

A. David Foecke
Full Name (Last, First, Middle Initial)

Mailing Address 3068 Birdsall Ave

City Oakland State CA Zip Code 94619

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 ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 10 / 31 / 2013
Transaction ID : SA17.9092

Amount of Each Receipt this Period
 240.00

Non-contribution account. Earmarked through ActBlue

B. Robert Friedman
Full Name (Last, First, Middle Initial)

Mailing Address 2275 Summit Dr.

City Hillsborough State CA Zip Code 94010

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

Name of Employer CFED Occupation General Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 12 / 2013
Transaction ID : SA17.9139

Amount of Each Receipt this Period
 240.00

Non-contribution account. Earmarked through ActBlue

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

Mailing Address 67 Hilma Street

City Quincy State MA Zip Code 02171

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

Name of Employer Lesley University Occupation Professor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 240.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 11 / 12 / 2013
Transaction ID : SA17.9137

Amount of Each Receipt this Period
 240.00

Non-contribution account. Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional).....▶	720.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)
A. Georgina Hernandez

Mailing Address 3675 La Calle Court

City Palo Alto State CA Zip Code 94306

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

Name of Employer Occupation
Stanford University Academic Research and Program Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
11 / 13 / 2013
Transaction ID : SA17.9142

Amount of Each Receipt this Period
240.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)
B. Anthony Kendall

Mailing Address 220 Cortland Ave #1

City San Francisco State CA Zip Code 94110

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

Name of Employer Occupation
Progressive Era Project Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
12 / 19 / 2013
Transaction ID : SA17.9209

Amount of Each Receipt this Period
10.00

Non-contribution account. Earmarked through ActBlue

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

Mailing Address 1860 N Scott ST Apt 536

City Arlington State VA Zip Code 22209

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

Name of Employer Occupation
Cadwalader, Wickersham & Taft Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
210.00

Date of Receipt
10 / 11 / 2013
Transaction ID : SA17.9029

Amount of Each Receipt this Period
25.00

Non-contribution account. Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional)..... ▶ 275.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial) A. Victoria Lauterbach		Date of Receipt MM / DD / YYYY 11 / 11 / 2013
Mailing Address 1860 N Scott ST Apt 536		Transaction ID : SA17.9135
City Arlington	State VA	Zip Code 22209
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer Cadwalader, Wickersham & Taft	Occupation Attorney	Non-contribution account. Earmarked through ActBlue
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 235.00	

Full Name (Last, First, Middle Initial) B. Victoria Lauterbach		Date of Receipt MM / DD / YYYY 12 / 11 / 2013
Mailing Address 1860 N Scott ST Apt 536		Transaction ID : SA17.9196
City Arlington	State VA	Zip Code 22209
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer Cadwalader, Wickersham & Taft	Occupation Attorney	Non-contribution account. Earmarked through ActBlue
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 260.00	

Full Name (Last, First, Middle Initial) C. Joyce Newstat		Date of Receipt MM / DD / YYYY 09 / 05 / 2013
Mailing Address 163 Beaumont Ave		Transaction ID : SA17.8966
City San Francisco	State CA	Zip Code 94118
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Self-Employed	Occupation Consultant	Non-contribution account. Earmarked through ActBlue
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	550.00
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 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

A. John O'Toole
Full Name (Last, First, Middle Initial)

Mailing Address 1368 Trestle Glen Road

City Oakland	State CA	Zip Code 94610
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FEC ID number of contributing federal political committee. **C**

Name of Employer Lawyer	Occupation Nat. Center for Youth Law
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2013

Transaction ID : SA17.8981

Amount of Each Receipt this Period
240.00

Non-contribution account. Earmarked through ActBlue

B. Martha Parsons
Full Name (Last, First, Middle Initial)

Mailing Address 99 West Lake Dr.

City Antioch	State CA	Zip Code 94509
-----------------	-------------	-------------------

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 ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	07	/	2013

Transaction ID : SA17.9131

Amount of Each Receipt this Period
20.00

Non-contribution account. Earmarked through ActBlue

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

Mailing Address 99 West Lake Dr.

City Antioch	State CA	Zip Code 94509
-----------------	-------------	-------------------

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 ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	07	/	2013

Transaction ID : SA17.9193

Amount of Each Receipt this Period
20.00

Non-contribution account. Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional).....▶	280.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 14 OF 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial) A. Steve Phillips		Date of Receipt MM / DD / YYYY 09 / 04 / 2013 Transaction ID : SA17.8959
Mailing Address 553 Arkansas St.		Amount of Each Receipt this Period 10.00
City San Francisco	State CA	Zip Code 94107
FEC ID number of contributing federal political committee. C		Non-contribution account. Earmarked through ActBlue
Name of Employer Self-Employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20200.00	

Full Name (Last, First, Middle Initial) B. Steve Phillips		Date of Receipt MM / DD / YYYY 11 / 11 / 2013 Transaction ID : SA17.9136
Mailing Address 553 Arkansas St.		Amount of Each Receipt this Period 5000.00
City San Francisco	State CA	Zip Code 94107
FEC ID number of contributing federal political committee. C		Non-contribution account. Earmarked through ActBlue
Name of Employer Self-Employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 30200.00	

Full Name (Last, First, Middle Initial) C. Michael Schmitz		Date of Receipt MM / DD / YYYY 11 / 08 / 2013 Transaction ID : SA17.9134
Mailing Address 1629 Moreland Drive		Amount of Each Receipt this Period 240.00
City Alameda	State CA	Zip Code 94501
FEC ID number of contributing federal political committee. C		Non-contribution account. Earmarked through ActBlue
Name of Employer ICLEI	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional).....▶	5250.00
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 15 OF 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

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

Mailing Address 737 Olokele Avenue, #803

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

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	22	/	2013

Transaction ID : SA17.9211

Amount of Each Receipt this Period
20.00

Non-contribution account. Earmarked through ActBlue

Full Name (Last, First, Middle Initial)
B. Andrew H. Tisch

Mailing Address 667 Madison Ave.

City New York	State NY	Zip Code 10065
------------------	-------------	-------------------

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

Name of Employer Loews Corp.	Occupation Investor
---------------------------------	------------------------

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
07	/	30	/	2013

Transaction ID : SA17.9007

Amount of Each Receipt this Period
25000.00

Non-contribution account. Earmarked through ActBlue

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

Mailing Address 3514 California St.

City Oakland	State CA	Zip Code 94619
-----------------	-------------	-------------------

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

Name of Employer TURN	Occupation Executive Director
--------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
220.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2013

Transaction ID : SA17.9124

Amount of Each Receipt this Period
20.00

Non-contribution account. Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional).....	25040.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

A. Mark Toney
Full Name (Last, First, Middle Initial)

Mailing Address 3514 California St.

City Oakland	State CA	Zip Code 94619
-----------------	-------------	-------------------

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

Name of Employer TURN	Occupation Executive Director
--------------------------	----------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2013

Transaction ID : SA17.9186

Amount of Each Receipt this Period
200.00

Non-contribution account. Earmarked through ActBlue

B. Wendy Wilkinson
Full Name (Last, First, Middle Initial)

Mailing Address 3310 Idaho Avenue NW

City Washington	State DC	Zip Code 20016
--------------------	-------------	-------------------

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

Name of Employer Sidwell Friends School	Occupation Educator
--	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
270.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	22	/	2013

Transaction ID : SA17.9159

Amount of Each Receipt this Period
200.00

Non-contribution account. Earmarked through ActBlue

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

Mailing Address 812 North Foothill Road

City Beverly Hills	State CA	Zip Code 90210
-----------------------	-------------	-------------------

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

Name of Employer Self-Employed	Occupation Writer
-----------------------------------	----------------------

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
11	/	27	/	2013

Transaction ID : SA17.9173

Amount of Each Receipt this Period
350.00

Non-contribution account. Earmarked through ActBlue

SUBTOTAL of Receipts This Page (optional).....▶	390.00
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 45
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial) A. Norman Yee		Date of Receipt M M M / D D D / Y Y Y Y Y Y 09 / 22 / 2013 Transaction ID : SA17.8991
Mailing Address 44 Montgomery St., Suite 2310		Amount of Each Receipt this Period 240.00 Non-contribution account. Earmarked through ActBlue
City San Francisco	State CA	Zip Code 94104
FEC ID number of contributing federal political committee. C		
Name of Employer None	Occupation Not Employed	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) B. Crystal Zermeno		Date of Receipt M M M / D D D / Y Y Y Y Y Y 12 / 29 / 2013 Transaction ID : SA17.9224
Mailing Address 2894 Delaware St.		Amount of Each Receipt this Period 1000.00 Non-contribution account. Earmarked through ActBlue
City Oakland	State CA	Zip Code 94602
FEC ID number of contributing federal political committee. C		
Name of Employer Texas Organizing Project	Occupation Organizer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1150.00	

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

SUBTOTAL of Receipts This Page (optional).....▶	1240.00
TOTAL This Period (last page this line number only).....▶	34485.00

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

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

FOR LINE NUMBER: PAGE 18 OF 45
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)
A. Committee to Elect Felix G. Arroyo

Mailing Address P.O. Box 301031

City State Zip Code
Boston MA 02130

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 M / D D D / Y Y Y Y Y Y
 08 / 02 / 2013
Transaction ID : SA16.9290

Amount of Each Receipt this Period
500.00

Noncontribution account. Refund of contribution made.

Full Name (Last, First, Middle Initial)
B. Friends of Suzanne Lee Committee

Mailing Address P.O. Box 120436

City State Zip Code
Boston MA 02112

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 M / D D D / Y Y Y Y Y Y
 09 / 16 / 2013
Transaction ID : SA16.9289

Amount of Each Receipt this Period
500.00

Noncontribution account. Refund of contribution made.

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1000.00

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address One Montgomery Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Bank service charge.

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.8938

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Wells Fargo Bank

Mailing Address One Montgomery Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Bank Service Charge.

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.9258

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

Mailing Address One Montgomery Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Bank Service Charge.

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.9259

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address One Montgomery Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Bank Service Charge.

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.9291

Amount of Each Disbursement this Period

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. Nunn For Senate

Mailing Address P.O. Box 78936

City Atlanta State GA Zip Code 30357

Purpose of Disbursement
Political contribution

011

Candidate Name

Michelle Nunn

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: GA District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
1	1		1	1		2	0	1	3

Transaction ID : SB23.9243

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

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

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

2	5	0	0	.	0	0
---	---	---	---	---	---	---

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement
Noncontribution account. CC online fees.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.8939

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement
Noncontribution account. CC online fees.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9261

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement
Noncontribution account. CC online fees.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9262

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2013

Transaction ID : SB29.9263

Amount of Each Disbursement this Period

2.38

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 06 / 2013

Transaction ID : SB29.9264

Amount of Each Disbursement this Period

1.59

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
09 / 16 / 2013

Transaction ID : SB29.9265

Amount of Each Disbursement this Period

49.85

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

53.82

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SB29.9266

Amount of Each Disbursement this Period

11.26

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
09 / 30 / 2013

Transaction ID : SB29.9267

Amount of Each Disbursement this Period

13.05

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 10 / 2013

Transaction ID : SB29.9268

Amount of Each Disbursement this Period

12.66

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

36.97

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2013

Transaction ID : SB29.9269

Amount of Each Disbursement this Period

8.75

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2013

Transaction ID : SB29.9270

Amount of Each Disbursement this Period

8.10

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
11 / 05 / 2013

Transaction ID : SB29.9271

Amount of Each Disbursement this Period

9.90

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

26.75

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 11 / 05 / 2013
Mailing Address P.O. Box 382110		Transaction ID : SB29.9272
City Cambridge	State MA	
Purpose of Disbursement Noncontribution account. CC online fees.		Amount of Each Disbursement this Period
Candidate Name		17.19
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 11 / 12 / 2013
Mailing Address P.O. Box 382110		Transaction ID : SB29.9273
City Cambridge	State MA	
Purpose of Disbursement Noncontribution account. CC online fees.		Amount of Each Disbursement this Period
Candidate Name		33.99
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 11 / 26 / 2013
Mailing Address P.O. Box 382110		Transaction ID : SB29.9274
City Cambridge	State MA	
Purpose of Disbursement Noncontribution account. CC online fees.		Amount of Each Disbursement this Period
Candidate Name		218.30
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____	District: _____	

SUBTOTAL of Disbursements This Page (optional).....▶	269.48
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 26 / 2013

Transaction ID : SB29.9275

Amount of Each Disbursement this Period

35.76

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 13 / 2013

Transaction ID : SB29.9276

Amount of Each Disbursement this Period

12.66

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 13 / 2013

Transaction ID : SB29.9277

Amount of Each Disbursement this Period

29.85

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

78.27

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 13 / 2013

Transaction ID : SB29.9278

Amount of Each Disbursement this Period

12.70

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 20 / 2013

Transaction ID : SB29.9279

Amount of Each Disbursement this Period

4.55

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address P.O. Box 382110

City Cambridge State MA Zip Code 02238

Purpose of Disbursement
Noncontribution account. CC online fees.

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y
12 / 30 / 2013

Transaction ID : SB29.9280

Amount of Each Disbursement this Period

10.88

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

28.13

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. Ludovic Andre

Mailing Address 20 Lamont Ave. Apt 16

City Hamilton State NJ Zip Code 08619

Purpose of Disbursement
Noncontribution. GOTV field worker

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9571

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Bank of San Francisco

Mailing Address 575 Market St.

City San Francisco State CA Zip Code 94105

Purpose of Disbursement
Noncontribution account. Voucher checks and manual deposit slips.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.8934

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Caplin & Drysdale

Mailing Address One Thomas Circle NW
Suite 1100

City Washington State DC Zip Code 20005

Purpose of Disbursement
Noncontribution account. Legal Fees.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9249

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. Caplin & Drysdale

Mailing Address One Thomas Circle NW
Suite 1100

City Washington State DC Zip Code 20005

Purpose of Disbursement
Noncontribution account. Legal Fees.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9250

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Caplin & Drysdale

Mailing Address One Thomas Circle NW
Suite 1100

City Washington State DC Zip Code 20005

Purpose of Disbursement
Noncontribution account. Legal Fees.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9252

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Caplin & Drysdale

Mailing Address One Thomas Circle NW
Suite 1100

City Washington State DC Zip Code 20005

Purpose of Disbursement
Noncontribution account. Legal Fees.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9253

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. Douglas Fulmer & Associates Inc.

Mailing Address 704 Pinehurst Point

City State Zip Code
Mt. Juliet TN 37122

Purpose of Disbursement
Noncontribution. GOTV calls

001

Candidate Name

Category/
Type

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
08 / 16 / 2013

Transaction ID : **SB29.9572**

Amount of Each Disbursement this Period

2925.00

Full Name (Last, First, Middle Initial)

B. Exact Target

Mailing Address 20 North Meridian St., Suite 200

City State Zip Code
Indianapolis IN 46204

Purpose of Disbursement
Noncontribution account. Online database fees.

001

Candidate Name

Category/
Type

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 / 05 / 2013

Transaction ID : **SB29.9255**

Amount of Each Disbursement this Period

5550.00

Full Name (Last, First, Middle Initial)

C. Fredrikson & Byron, P.A.

Mailing Address PO Box 1484

City State Zip Code
Minneapolis MN 55480

Purpose of Disbursement
Noncontribution account. Legal Fees.

001

Candidate Name

Category/
Type

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
10 / 29 / 2013

Transaction ID : **SB29.9251**

Amount of Each Disbursement this Period

129.00

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

8604.00

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. Jasmine Grundy

Mailing Address 26 S. New York Ave.

City State Zip Code
Atlantic City NJ 08401

Purpose of Disbursement
Noncontribution account. GOTV field worker

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9573

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Integrated Digital Media

Mailing Address 441 California St.

City State Zip Code
San Francisco CA 94104

Purpose of Disbursement
Noncontribution account. Office Expense.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9234

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Jenerator Media

Mailing Address 282 Clipper St.

City State Zip Code
San Francisco CA 94114

Purpose of Disbursement
Noncontribution. Web Banner Design

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9574

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. Ayinde Martin

Mailing Address 592 Cleveland Street

City Brooklyn State NY Zip Code 11208

Purpose of Disbursement
Noncontribution account. GOTV Field Worker

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9575

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Ayinde Martin

Mailing Address 592 Cleveland Street

City Brooklyn State NY Zip Code 11208

Purpose of Disbursement
Noncontribution account.. Field Worker.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9240

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Mary Gonzalez Campaign

Mailing Address P.O. Box 450

City Clint State TX Zip Code 79836

Purpose of Disbursement
Noncontribution account. Texas State Representative District 75

Candidate Name

Mary Gonzalez

Office Sought: House
 Senate
 President
State: TX District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9248

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. LaTanya D. Nelson

Mailing Address 474 Griscom Dr.

City Woodbury State NJ Zip Code 08096

Purpose of Disbursement
Noncontribution. GOTV Field Worker

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9576

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. LaTanya D. Nelson

Mailing Address 474 Griscom Dr.

City Woodbury State NJ Zip Code 08096

Purpose of Disbursement
Noncontribution account.. Field Worker.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9239

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. New Majority Matters

Mailing Address 3245 University Ave., Ste 1, #253

City San Diego State CA Zip Code 92104

Purpose of Disbursement
Noncontribution account. Contribution to Local PAC.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

011
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9246

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. PowerPAC.org

Mailing Address 44 Montgomery St., Suite 2310

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Noncontribution account. Staffing.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9285

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Edil De Los Reyes

Mailing Address 4801 Connecticut Ave NW
Apt 822

City Washington State DC Zip Code 20008

Purpose of Disbursement
Noncontribution account. Staffing.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9285.0

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Julie Martinez

Mailing Address 1240 Lawrence St. NE

City Washington State DC Zip Code 20017

Purpose of Disbursement
Noncontribution account. Staffing.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9285.1

Amount of Each Disbursement this Period

[MEMO ITEM]

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

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

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

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. Shirley Burke

Mailing Address 44 Montgomery St, St. 2310

City State Zip Code
San Francisco CA 94104

Purpose of Disbursement
Noncontribution account. Staffing.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9285.2

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. PVL Accounting Services

Mailing Address 44 Montgomery St Suite 2310

City State Zip Code
San Francisco CA 94107

Purpose of Disbursement
Noncontribution account. Accounting.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9286

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Wells Fargo Bank

Mailing Address One Montgomery Street

City State Zip Code
San Francisco CA 94104

Purpose of Disbursement
Noncontribution account. Bank Service Charge.

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.9256

Amount of Each Disbursement this Period

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

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

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

NAME OF COMMITTEE (In Full)
POWERPACPLUS

Full Name (Last, First, Middle Initial)

A. Wells Fargo Bank

Mailing Address One Montgomery Street

City San Francisco State CA Zip Code 94104

Purpose of Disbursement
Noncontribution account. Bank Service Charge.

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	3

Transaction ID : SB29.9257

Amount of Each Disbursement this Period

2	0	.	0	0
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001
Category/
Type

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) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

		.		
--	--	---	--	--

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

		.		
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Category/
Type

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

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

2	0	.	0	0
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7	9	6	5	2	.	8	2
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SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) POWERPACPLUS
FEC IDENTIFICATION NUMBER C C00516500
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Douglas Fulmer & Associates Inc.
Mailing Address 704 Pinehurst Point
City Mt. Juliet State TN Zip Code 37122
Purpose of Expenditure Voter ID calls Category/Type 005
Name of Federal Candidate Cory Booker Support
Calendar Year-To-Date Per Election for Office Sought 13834.86

Date of Public Distribution/Dissemination
Amount 6834.86
Transaction ID : SE.8800
Date of Disbursement or Obligation 07 / 26 / 2013
Office Sought: House District:
President Senate State: NJ
Disbursement For: Primary General 2013
Other (specify) Special-Primary

Full Name of Payee Douglas Fulmer & Associates Inc.
Mailing Address 704 Pinehurst Point
City Mt. Juliet State TN Zip Code 37122
Purpose of Expenditure Voter ID calls Category/Type 005
Name of Federal Candidate Cory Booker Support
Calendar Year-To-Date Per Election for Office Sought 17262.70

Date of Public Distribution/Dissemination
Amount 3427.84
Transaction ID : SE.8875
Date of Disbursement or Obligation 07 / 30 / 2013
Office Sought: House District:
President Senate State: NJ
Disbursement For: Primary General 2013
Other (specify) Special-Primary

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 10262.70, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures.

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

Signature Lisa Le [Electronically Filed] Date 05 / 19 / 2014

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) POWERPACPLUS		FEC IDENTIFICATION NUMBER ▼ C C00516500
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name of Payee Fredco Marketing		Date of Public Distribution/Dissemination
Mailing Address 2132 Oakdale Ave.		Amount
City San Francisco	State CA	Zip Code 94124
Purpose of Expenditure Data processing for mailers		Transaction ID : SE.8877
Category/Type 006		Date of Disbursement or Obligation
Name of Federal Candidate Cory Booker		Office Sought: <input type="checkbox"/> House District: _____
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
24868.06		2013 <input checked="" type="checkbox"/> Other (specify) ► <u>Special-Primary</u>

Full Name of Payee Hope Road Consulting		Date of Public Distribution/Dissemination
Mailing Address 44 Montgomery St., Suite 2310		Amount
City San Francisco	State CA	Zip Code 94104
Purpose of Expenditure Consultant for radio ad		Transaction ID : SE.8924
Category/Type 004		Date of Disbursement or Obligation
Name of Federal Candidate Cory Booker		Office Sought: <input type="checkbox"/> House District: _____
<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose		<input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General
45695.56		2013 <input checked="" type="checkbox"/> Other (specify) ► <u>Special-Primary</u>

(a) SUBTOTAL of Itemized Independent Expenditures..... ►	11605.36
(b) SUBTOTAL of Unitemized Independent Expenditures..... ►	
(c) TOTAL Independent Expenditures..... ►	

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

Date / /

Signature Lisa Le [Electronically Filed]

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) POWERPACPLUS	FEC IDENTIFICATION NUMBER ▼ C C00516500
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Hope Road Consulting	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 10 / 2013
Mailing Address 44 Montgomery St., Suite 2310	Amount 94.99
City State Zip Code San Francisco CA 94104	Transaction ID : SE.9587 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 05 / 2013
Purpose of Expenditure photo for newspaper ad	Category/Type 004
Name of Federal Candidate Cory Booker	<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"/> General State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special-Primary</u>
46630.55	

Full Name of Payee InterEthnica	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 08 / 2013
Mailing Address 120 Second St., 2nd Floor	Amount 190.00
City State Zip Code San Francisco CA 94105	Transaction ID : SE.8929 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 08 / 16 / 2013
Purpose of Expenditure Spanish Translation of newspaper ad	Category/Type 001
Name of Federal Candidate Cory Booker	<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"/> General State: <u>NJ</u>
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) <u>Special-Primary</u>
46535.56	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	284.99
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Lisa Le [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) POWERPACPLUS	FEC IDENTIFICATION NUMBER ▼ C C00516500
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Jenerator Media	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 282 Clipper St.	Amount 650.00
City State Zip Code San Francisco CA 94114	Transaction ID : SE.8893 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 05 / 2013
Purpose of Expenditure Design Fee for Postcards	Category/Type 006
Name of Federal Candidate Cory Booker	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NJ
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary

Full Name of Payee Jenerator Media	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y
Mailing Address 282 Clipper St.	Amount 1500.00
City State Zip Code San Francisco CA 94114	Transaction ID : SE.8895 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 05 / 2013
Purpose of Expenditure Design Fee for Postcards	Category/Type 006
Name of Federal Candidate Cory Booker	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: NJ
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2150.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Lisa Le
[Electronically Filed]
Date

Signature M M / D D / Y Y Y Y Y Y
05 / 19 / 2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) POWERPACPLUS
FEC IDENTIFICATION NUMBER C C00516500
Check if 24-hour report 48-hour report New report Amends report filed on

Full Name of Payee Jenerator Media
Mailing Address 282 Clipper St.
City San Francisco State CA Zip Code 94114
Purpose of Expenditure Design of Half Page Spanish Newspaper Ad
Category/Type 006
Name of Federal Candidate Cory Booker
Support
Office Sought: Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 46345.56

Date of Public Distribution/Dissemination 08/08/2013
Amount 650.00
Transaction ID : SE.8928
Date of Disbursement or Obligation 08/16/2013
Disbursement For: Other (specify) Special-Primary

Full Name of Payee Phuong Le
Mailing Address 300 3rd St
City San Francisco State CA Zip Code 94107
Purpose of Expenditure 16,000 Credits for VoIP
Category/Type
Name of Federal Candidate Cory Booker
Support
Office Sought: Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 31795.56

Date of Public Distribution/Dissemination
Amount 480.00
Transaction ID : SE.8897
Date of Disbursement or Obligation 08/05/2013
Disbursement For: Other (specify) Special-Primary

(a) SUBTOTAL of Itemized Independent Expenditures 1130.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures

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

Lisa Le
Signature [Electronically Filed] Date 05/19/2014

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) POWERPACPLUS	FEC IDENTIFICATION NUMBER ▼ C C00516500
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Reporte Hispano, LLC	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address 42 Dorann Ave.	Amount 1000.00
City Princeton	State NJ
Zip Code 08540	Transaction ID : SE.8905
Purpose of Expenditure 1/2 Page Ad	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Category/Type 004	08 / 07 / 2013
Name of Federal Candidate Cory Booker	<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: NJ
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary
32795.56	2013

Full Name of Payee Smith-Edwards-Dunlap Company	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y
Mailing Address 2867 East Allegheny Ave.	Amount 1815.00
City Philadelphia	State PA
Zip Code 19134	Transaction ID : SE.8887
Purpose of Expenditure Printing of 25,000 cards	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Category/Type 006	08 / 02 / 2013
Name of Federal Candidate Cory Booker	<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: NJ
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary
28665.56	2013

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2815.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Lisa Le
[Electronically Filed]
Date M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) POWERPACPLUS	FEC IDENTIFICATION NUMBER ▼ C C00516500
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M / D D / Y Y Y Y Y Y	

Full Name of Payee South Jersey Communications, LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 05 / 2013	
Mailing Address P.O. Box 727		Amount 500.00	
City Swedesboro	State NJ	Zip Code 08085	Transaction ID : SE.8891
Purpose of Expenditure WebAd	Category/Type 004	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 05 / 2013	
Name of Federal Candidate Cory Booker		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought 29165.56		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary	

Full Name of Payee Spotlight Design & Printing		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 01 / 2013	
Mailing Address 725 Bryant St.		Amount 1982.50	
City San Francisco	State CA	Zip Code 94107	Transaction ID : SE.8879
Purpose of Expenditure Printing of mailers	Category/Type 006	Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 07 / 31 / 2013	
Name of Federal Candidate Cory Booker		Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NJ	
Calendar Year-To-Date Per Election for Office Sought 26850.56		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2013 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	2482.50
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

Lisa Le
[Electronically Filed]
Date M M / D D / Y Y Y Y Y Y 05 / 19 / 2014

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) POWERPACPLUS	FEC IDENTIFICATION NUMBER ▼ C C00516500
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Univision Radio	Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 09 / 2013
Mailing Address 485 Madison Ave., 3rd Floor	Amount 8900.00
City State Zip Code New York NY 10022	Transaction ID : SE.8911 Date of Disbursement or Obligation MM / DD / YYYY 08 / 09 / 2013
Purpose of Expenditure Radio Ads	Category/Type 004
Name of Federal Candidate Cory Booker	<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"/> Senate State: NJ
Calendar Year-To-Date Per Election for Office Sought 41695.56	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input checked="" type="checkbox"/> Other (specify) Special-Primary

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

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	8900.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	39630.55

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.

Lisa Le

Signature _____ [Electronically Filed] Date MM / DD / YYYY
05 / 19 / 2014