

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5

Balance of Power PAC

ADDRESS (number and street) PO Box 4351-732

Check if different than previously reported. (ACC) Hollywood CA 90078

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00559765

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

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

(b) Monthly Report Due On: Feb 20 (M2) 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 M M / D D / Y Y Y Y Y Y in the State of

(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S) Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 07 / 01 / 2015 through 12 / 31 / 2015

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 Sam Deskin

Signature of Treasurer Sam Deskin [Electronically Filed] Date 01 / 13 / 2016

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

Balance of Power PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>	<input type="text" value="1533.40"/>	<input type="text" value="1533.40"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="10906.64"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1763.40"/>	<input type="text" value="19155.68"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="12670.04"/>	<input type="text" value="20689.08"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2027.83"/>	<input type="text" value="10046.87"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="10642.21"/>	<input type="text" value="10642.21"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="12957.46"/>	

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)

Write or Type Committee Name

Balance of Power PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	882.24	4683.24
(ii) Unitemized	881.16	14322.44
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	1763.40	19005.68
(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)	1763.40	19005.68
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	150.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	1763.40	19155.68
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	1763.40	19155.68

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	2007.67	10026.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2007.67	10026.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	20.16	20.16
(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)).....	20.16	20.16
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2027.83	10046.87
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2027.83	10046.87

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)	1763.40	19005.68
34. Total Contribution Refunds (from Line 28(d))	20.16	20.16
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1743.24	18985.52
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	2007.67	10026.71
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	150.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2007.67	9876.71

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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

NAME OF COMMITTEE (In Full)
Balance of Power PAC

A. Jennifer Haughton
 Full Name (Last, First, Middle Initial)
 Mailing Address 109 Water Street
 City Severna Park State MD Zip Code 21146
 FEC ID number of contributing federal political committee. **C**
 Name of Employer none Occupation homemaker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 02 / 2015
Transaction ID : VNHWME27N35
 Amount of Each Receipt this Period
 250.00

B. Joan Herbst
 Full Name (Last, First, Middle Initial)
 Mailing Address 3243 Whirlaway Ct
 City Grayslake State IL Zip Code 60030-9631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer retired Occupation retired teacher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 200.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2015
Transaction ID : VNHWMDY2Q24
 Amount of Each Receipt this Period
 50.00

C. Joan Herbst
 Full Name (Last, First, Middle Initial)
 Mailing Address 3243 Whirlaway Ct
 City Grayslake State IL Zip Code 60030-9631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer retired Occupation retired teacher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2015
Transaction ID : VNHWMDZ5EE4
 Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....▶	350.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 7 OF 24
(check only one)

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

A. Joan Herbst
Full Name (Last, First, Middle Initial)
Mailing Address 3243 Whirlaway Ct
City Grayslake State IL Zip Code 60030-9631
FEC ID number of contributing federal political committee. **C**
Name of Employer: retired Occupation: retired teacher
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **300.00**

Date of Receipt: 08 / 30 / 2015
Transaction ID : VNHWME0RH79
Amount of Each Receipt this Period: 50.00

B. Joan Herbst
Full Name (Last, First, Middle Initial)
Mailing Address 3243 Whirlaway Ct
City Grayslake State IL Zip Code 60030-9631
FEC ID number of contributing federal political committee. **C**
Name of Employer: retired Occupation: retired teacher
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **350.00**

Date of Receipt: 09 / 27 / 2015
Transaction ID : VNHWME1YGH5
Amount of Each Receipt this Period: 50.00

C. Joan Herbst
Full Name (Last, First, Middle Initial)
Mailing Address 3243 Whirlaway Ct
City Grayslake State IL Zip Code 60030-9631
FEC ID number of contributing federal political committee. **C**
Name of Employer: retired Occupation: retired teacher
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **400.00**

Date of Receipt: 10 / 25 / 2015
Transaction ID : VNHWME3JCF1
Amount of Each Receipt this Period: 50.00

SUBTOTAL of Receipts This Page (optional)..... **150.00**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 8 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Balance of Power PAC

A. Joan Herbst
 Full Name (Last, First, Middle Initial)
 Mailing Address 3243 Whirlaway Ct
 City Grayslake State IL Zip Code 60030-9631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: retired Occupation: retired teacher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt: 11 / 22 / 2015
Transaction ID : VNHWME4XR87
 Amount of Each Receipt this Period: 50.00

B. Joan Herbst
 Full Name (Last, First, Middle Initial)
 Mailing Address 3243 Whirlaway Ct
 City Grayslake State IL Zip Code 60030-9631
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: retired Occupation: retired teacher
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt: 12 / 20 / 2015
Transaction ID : VNHWME64ZW8
 Amount of Each Receipt this Period: 50.00

C. Victoria Kingsland
 Full Name (Last, First, Middle Initial)
 Mailing Address 874 Heritage Pl
 City Decatur State GA Zip Code 30033-4104
 FEC ID number of contributing federal political committee. **C**
 Name of Employer: DeKalb County Occupation: Senior Citizen Center
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 80.64

Date of Receipt: 07 / 05 / 2015
Transaction ID : VNHWMDY2V49
 Amount of Each Receipt this Period: 20.16

SUBTOTAL of Receipts This Page (optional)..... ▶ 120.16
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 9 OF 24
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Balance of Power PAC

A. Victoria Kingsland
Full Name (Last, First, Middle Initial)
Mailing Address 874 Heritage Pl
City Decatur State GA Zip Code 30033-4104
FEC ID number of contributing federal political committee. **C**
Name of Employer DeKalb County Occupation Senior Citizen Center
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **100.80**

Date of Receipt **08 / 02 / 2015**
Transaction ID : VNHWMDZ64R0
Amount of Each Receipt this Period **20.16**

B. Victoria Kingsland
Full Name (Last, First, Middle Initial)
Mailing Address 874 Heritage Pl
City Decatur State GA Zip Code 30033-4104
FEC ID number of contributing federal political committee. **C**
Name of Employer DeKalb County Occupation Senior Citizen Center
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **120.96**

Date of Receipt **08 / 30 / 2015**
Transaction ID : VNHWME0RH53
Amount of Each Receipt this Period **20.16**

C. Victoria Kingsland
Full Name (Last, First, Middle Initial)
Mailing Address 874 Heritage Pl
City Decatur State GA Zip Code 30033-4104
FEC ID number of contributing federal political committee. **C**
Name of Employer DeKalb County Occupation Senior Citizen Center
Receipt For: Primary General Other (specify) Aggregate Year-to-Date **141.12**

Date of Receipt **09 / 27 / 2015**
Transaction ID : VNHWME1YH37
Amount of Each Receipt this Period **20.16**

SUBTOTAL of Receipts This Page (optional)..... **60.48**
TOTAL This Period (last page this line number only).....

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

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

FOR LINE NUMBER: PAGE 10 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Balance of Power PAC

Full Name (Last, First, Middle Initial)
A. Victoria Kingsland

Mailing Address 874 Heritage Pl

City State Zip Code
Decatur GA 30033-4104

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

Name of Employer Occupation
DeKalb County Senior Citizen Center

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
161.28

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 25 / 2015
Transaction ID : VNHWME3JCV4

Amount of Each Receipt this Period
20.16

Full Name (Last, First, Middle Initial)
B. Victoria Kingsland

Mailing Address 874 Heritage Pl

City State Zip Code
Decatur GA 30033-4104

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

Name of Employer Occupation
DeKalb County Senior Citizen Center

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
181.44

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 22 / 2015
Transaction ID : VNHWME4XND0

Amount of Each Receipt this Period
20.16

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

Mailing Address 874 Heritage Pl

City State Zip Code
Decatur GA 30033-4104

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

Name of Employer Occupation
DeKalb County Senior Citizen Center

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
201.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 20 / 2015
Transaction ID : VNHWME64ZV0

Amount of Each Receipt this Period
20.16

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.48

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

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

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

FOR LINE NUMBER: PAGE 11 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Balance of Power PAC

Full Name (Last, First, Middle Initial)
A. Pan Vera

Mailing Address 5 S Main St
Ste 318

City State Zip Code
White River Junction VT 05001-7416

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

Name of Employer Occupation
Center for Nonviolent Communication IT Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
60.48

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 05 / 2015
Transaction ID : VNHWMDY2R76

Amount of Each Receipt this Period
20.16

Full Name (Last, First, Middle Initial)
B. Pan Vera

Mailing Address 5 S Main St
Ste 318

City State Zip Code
White River Junction VT 05001-7416

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

Name of Employer Occupation
Center for Nonviolent Communication IT Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
80.64

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 02 / 2015
Transaction ID : VNHWMDZ6535

Amount of Each Receipt this Period
20.16

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

Mailing Address 5 S Main St
Ste 318

City State Zip Code
White River Junction VT 05001-7416

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

Name of Employer Occupation
Center for Nonviolent Communication IT Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
100.80

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2015
Transaction ID : VNHWME0RH29

Amount of Each Receipt this Period
20.16

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.48

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

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

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

FOR LINE NUMBER: PAGE 12 OF 24
(check only one)

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

Full Name (Last, First, Middle Initial)
A. Pan Vera

Mailing Address 5 S Main St
Ste 318

City State Zip Code
White River Junction VT 05001-7416

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

Name of Employer Occupation
Center for Nonviolent Communication IT Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
120.96

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
09 / 27 / 2015

Transaction ID : VNHWME1YH11

Amount of Each Receipt this Period
20.16

Full Name (Last, First, Middle Initial)
B. Pan Vera

Mailing Address 5 S Main St
Ste 318

City State Zip Code
White River Junction VT 05001-7416

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

Name of Employer Occupation
Center for Nonviolent Communication IT Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
141.12

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2015

Transaction ID : VNHWME3JCX0

Amount of Each Receipt this Period
20.16

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

Mailing Address 5 S Main St
Ste 318

City State Zip Code
White River Junction VT 05001-7416

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

Name of Employer Occupation
Center for Nonviolent Communication IT Coordinator

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
161.28

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
11 / 22 / 2015

Transaction ID : VNHWME4XMT3

Amount of Each Receipt this Period
20.16

SUBTOTAL of Receipts This Page (optional)..... ▶ 60.48

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

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

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

FOR LINE NUMBER: PAGE 13 OF 24
(check only one)

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

A. Pan Vera
Full Name (Last, First, Middle Initial)
Mailing Address 5 S Main St
Ste 318
City White River Junction State VT Zip Code 05001-7416
FEC ID number of contributing federal political committee. **C**
Name of Employer Center for Nonviolent Communication Occupation IT Coordinator
Receipt For:
 Primary General
 Other (specify) ▼
Aggregate Year-to-Date ▼
181.44

Date of Receipt
M M / D D / Y Y Y Y Y
12 / 20 / 2015
Transaction ID : VNHWME64ZT2
Amount of Each Receipt this Period
20.16

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	20.16
TOTAL This Period (last page this line number only).....▶	882.24

**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)
Balance of Power PAC

Full Name (Last, First, Middle Initial)

A. Direct Connect

Mailing Address 3901 Centerview Dr
Ste W

City Chantilly State VA Zip Code 20151-3229

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
07 / 02 / 2015

Transaction ID : VNGXCA0MMB4

Amount of Each Disbursement this Period

45.80

Category/
Type

Full Name (Last, First, Middle Initial)

B. Direct Connect

Mailing Address 3901 Centerview Dr
Ste W

City Chantilly State VA Zip Code 20151-3229

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 03 / 2015

Transaction ID : VNGXCA0MMC2

Amount of Each Disbursement this Period

16.77

Category/
Type

Full Name (Last, First, Middle Initial)

C. Direct Connect

Mailing Address 3901 Centerview Dr
Ste W

City Chantilly State VA Zip Code 20151-3229

Purpose of Disbursement
Credit card processing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2015

Transaction ID : VNGXCA0MMD0

Amount of Each Disbursement this Period

23.77

Category/
Type

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

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

86.34

**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)
Balance of Power PAC

Full Name (Last, First, Middle Initial)

A. Direct Connect

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		02		2015

Mailing Address 3901 Centerview Dr
Ste W

Transaction ID : VNGXCA0MME8

City Chantilly State VA Zip Code 20151-3229

Amount of Each Disbursement this Period

14.05

Purpose of Disbursement
Credit card processing fee

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

B. Direct Connect

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
11		02		2015

Mailing Address 3901 Centerview Dr
Ste W

Transaction ID : VNGXCA0MMF5

City Chantilly State VA Zip Code 20151-3229

Amount of Each Disbursement this Period

32.54

Purpose of Disbursement
Credit card processing fee

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C. Direct Connect

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
12		02		2015

Mailing Address 3901 Centerview Dr
Ste W

Transaction ID : VNGXCA0MMG3

City Chantilly State VA Zip Code 20151-3229

Amount of Each Disbursement this Period

104.82

Purpose of Disbursement
Credit card processing fee

--

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2014
 Primary General
 Other (specify) ▼

State: District:

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

151.41

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

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
Balance of Power PAC

Full Name (Last, First, Middle Initial)

A. Mail & More

Mailing Address 2355 Westwood Blvd

City Los Angeles State CA Zip Code 90064-2109

Purpose of Disbursement
PO Box

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 17 / 2015

Transaction ID : VNGXCA0MMH1

Amount of Each Disbursement this Period

87.36

Full Name (Last, First, Middle Initial)

B. Mail & More

Mailing Address 2355 Westwood Blvd

City Los Angeles State CA Zip Code 90064-2109

Purpose of Disbursement
PO Box

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 20 / 2015

Transaction ID : VNGXCA0MMJ9

Amount of Each Disbursement this Period

92.56

Full Name (Last, First, Middle Initial)

C. NGP Van, Inc.

Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Computer support

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
07 / 02 / 2015

Transaction ID : VNGXCA0MM56

Amount of Each Disbursement this Period

210.00

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

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

389.92

**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)
Balance of Power PAC

Full Name (Last, First, Middle Initial)

A. NGP Van, Inc.

Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Computer support

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	8		0	2		2	0	1	5

Transaction ID : VNGXCA0MM64

Amount of Each Disbursement this Period

2	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. NGP Van, Inc.

Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Computer support

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : VNGXCA0MM72

Amount of Each Disbursement this Period

2	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. NGP Van, Inc.

Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Computer support

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : VNGXCA0MM80

Amount of Each Disbursement this Period

2	1	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

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

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

6	3	0	0	0	0	0	0	0	0
---	---	---	---	---	---	---	---	---	---

6	3	0	0	0	0	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 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)
Balance of Power PAC

Full Name (Last, First, Middle Initial)

A. NGP Van, Inc.

Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Computer support

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
11 / 02 / 2015

Transaction ID : VNGXCA0MM98

Amount of Each Disbursement this Period

210.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. NGP Van, Inc.

Mailing Address 1101 15th St NW
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement
Computer support

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
12 / 02 / 2015

Transaction ID : VNGXCA0MMA6

Amount of Each Disbursement this Period

210.00

Category/
Type

Full Name (Last, First, Middle Initial)

C. Sandler, Reiff, Lamb, Rosenstein & Birkenstock, PC

Mailing Address 1025 Vermont Ave NW
Ste 300

City Washington State DC Zip Code 20005-6302

Purpose of Disbursement
Legal Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2015

Transaction ID : VNGXCA0MMK7

Amount of Each Disbursement this Period

330.00

Category/
Type

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

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

750.00

2007.67

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
Balance of Power PAC

Full Name (Last, First, Middle Initial)

A. Pan Vera

Mailing Address 5 S Main St
Ste 318

City White River Junction State VT Zip Code 05001-7416

Purpose of Disbursement
Refund

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			21			2015					

Transaction ID : VNGXCA0J1T5

Amount of Each Disbursement this Period

20.16

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

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

20.16

20.16

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Balance of Power PAC** Transaction ID : **VNHWCMYB87L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Samuel Deskin	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 16944 Ventura Blvd Ofc	
City Encino State CA ZIP Code 91316	

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred: MM / DD / YYYY (03 / 01 / 2014) Date Due: MM / DD / YYYY (none) Interest Rate: none % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶	[] 1000.00
TOTALS This Period (last page in this line only)..... ▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Balance of Power PAC** Transaction ID : **VNHWMCMYCD9L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Samuel Deskin	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 16944 Ventura Blvd Ofc	
City Encino State CA ZIP Code 91316	

Original Amount of Loan 100.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100.00
-----------------------------------	------------------------------------	---

TERMS

Date Incurred: MM / DD / YYYY (03 / 01 / 2014) Date Due: MM / DD / YYYY (none) Interest Rate: none % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶	[] 100.00
TOTALS This Period (last page in this line only)..... ▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Balance of Power PAC** Transaction ID : VNHWCMYCE7L

LOAN SOURCE Full Name (Last, First, Middle Initial) Samuel Deskin	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 16944 Ventura Blvd Ofc	
City Encino State CA ZIP Code 91316	

Original Amount of Loan <input type="text" value="1000.00"/>	Cumulative Payment To Date <input type="text" value="0.00"/>	Balance Outstanding at Close of This Period <input type="text" value="1000.00"/>
---	---	---

TERMS

Date Incurred: / / Date Due: / /

Interest Rate: % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: <input type="text"/>

SUBTOTALS This Period This Page (optional).....▶	<input type="text" value="1000.00"/>
TOTALS This Period (last page in this line only).....▶	<input type="text"/>

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **Balance of Power PAC** Transaction ID : **VNHWMCMYCF5L**

LOAN SOURCE Full Name (Last, First, Middle Initial) Samuel Deskin	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 16944 Ventura Blvd Ofc	
City Encino State CA ZIP Code 91316	

Original Amount of Loan 1000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 1000.00
------------------------------------	------------------------------------	--

TERMS

Date Incurred: MM / DD / YYYY (03 / 01 / 2014) Date Due: MM / DD / YYYY (none) Interest Rate: none % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶	1000.00
TOTALS This Period (last page in this line only)..... ▶	3100.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 24 OF 24
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Balance of Power PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Samuel Deskin	Nature of Debt (Purpose): Domain Names, Consulting Fees, Web Development Fees
Mailing Address 16944 Ventura Blvd Ofc	
City State Zip Code Encino CA 91316	

Outstanding Balance Beginning This Period <input type="text" value="9857.46"/>	Transaction ID : VNEYW9HAZE1	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="9857.46"/>

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

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

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

Outstanding Balance Beginning This Period <input type="text"/>		
Amount Incurred This Period <input type="text"/>	Payment This Period <input type="text"/>	Outstanding Balance at Close of This Period <input type="text"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="9857.46"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text" value="9857.46"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text" value="3100.00"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text" value="12957.46"/>