

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

|  |   |  |
|--|---|--|
| 1. (a) Name of Individual, Organization or Corporation<br><b>HISPANIC LEADERSHIP FUND</b>                              |   | 3. FEC Identification Number<br><b>C C90013624</b> |
| (b) Address (number and street) <input type="checkbox"/> check if different than previously reported<br>P.O. BOX 23162 |   |  |
| (c) City, State and ZIP Code<br>ALEXANDRIA VA 22304  |   |  |
| 2. <b>Corporate filers only</b>  | Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| <b>Individual filers only</b>  | Name of Employer  | Occupation   |

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year-End Report

24-Hour Report  
 48-Hour Report

b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM

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

6. TOTAL CONTRIBUTIONS ..... **0.00**

7. TOTAL INDEPENDENT EXPENDITURES ..... **16030.34**

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 any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

|   |   |             |
|---|---|-------------|
| <b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b> | <b>SIGNATURE</b>  | <b>DATE</b> |
| Peter Christopher Winkelman                         | <i>Peter Christopher Winkelman</i><br><i>[Electronically Filed]</i> | 06/19/2013  |

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

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

HISPANIC LEADERSHIP FUND

|  |                          |  |
|--|--------------------------|--|
| Full Name (Last, First, Middle Initial) of Payee<br>Arena Communications                   |                          | Date<br>MM / DD / YYYY<br>06 / 19 / 2013   |
| Mailing Address<br>1780 Sequoia Vista Circle   |                          | Amount<br>6244.00<br><b>Transaction ID : F57.4125</b>  |
| City<br>Salt Lake City   | State<br>UT              |  |
| Purpose of Expenditure<br>Voter contact mail production & postage: 'Hispanic English C3'   | Category/<br>Type<br>004 | Office Sought: <input type="checkbox"/> House State: MA<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President                              |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>EDWARD J MARKEY          |                          | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election<br>for Office Sought<br>45316.73                        |                          | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2013 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General |
| Full Name (Last, First, Middle Initial) of Payee<br>Arena Communications                   |                          | Date<br>MM / DD / YYYY<br>06 / 19 / 2013   |
| Mailing Address<br>1780 Sequoia Vista Circle   |                          | Amount<br>7015.00<br><b>Transaction ID : F57.4126</b>  |
| City<br>Salt Lake City   | State<br>UT              |  |
| Purpose of Expenditure<br>Voter contact mail production & postage: 'Hispanic Bilingual B3' | Category/<br>Type<br>004 | Office Sought: <input type="checkbox"/> House State: MA<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President                              |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>EDWARD J MARKEY          |                          | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election<br>for Office Sought<br>39072.73                        |                          | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2013 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General |
| Full Name (Last, First, Middle Initial) of Payee<br>Connection Strategy, LLC               |                          | Date<br>MM / DD / YYYY<br>06 / 18 / 2013   |
| Mailing Address<br>PO Box 2192   |                          | Amount<br>2457.60<br><b>Transaction ID : F57.4123</b>  |
| City<br>Arlington  | State<br>VA              |  |
| Purpose of Expenditure<br>Voter contact phone calls: 'Condition B'                         | Category/<br>Type<br>004 | Office Sought: <input type="checkbox"/> House State: MA<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President                              |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>EDWARD J MARKEY          |                          | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose   |
| Calendar Year-To-Date Per Election<br>for Office Sought<br>31743.99                        |                          | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br>2013 <input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General |

|  |   |          |
|--|---|----------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....                                    | ▶ | 15716.60 |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....                                  | ▶ |          |
| (c) <b>TOTAL</b> Independent Expenditures.....<br>(carry total from last page forward to Line 7) | ▶ |          |

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
HISPANIC LEADERSHIP FUND

|   |                          |   |
|---|--------------------------|---|
| Full Name (Last, First, Middle Initial) of Payee<br>Connection Strategy, LLC      |                          | Date<br>MM / DD / YYYY<br>06 / 18 / 2013  |
| Mailing Address<br>PO Box 2192  |                          | Amount<br>313.74<br><b>Transaction ID : F57.4124</b>  |
| City<br>Arlington   | State<br>VA              |   |
| Zip Code<br>22202   | Category/<br>Type<br>004 | Office Sought: <input type="checkbox"/> House State: MA<br><input checked="" type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President                         |
| Purpose of Expenditure<br>Voter contact phone calls: 'Condition C'                |                          | Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose  |
| Name of Federal Candidate Supported or Opposed by Expenditure:<br>EDWARD J MARKEY |                          | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input checked="" type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General |
| Calendar Year-To-Date Per Election for Office Sought<br>32057.73                  |                          |   |

|  |                   |  |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial) of Payee               |                   | Date<br>MM / DD / YYYY   |
| Mailing Address  |                   | Amount   |
| City   | State             |  |
| Zip Code   | Category/<br>Type | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President                      |
| Purpose of Expenditure   |                   | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose  |
| Name of Federal Candidate Supported or Opposed by Expenditure: |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General |
| Calendar Year-To-Date Per Election for Office Sought           |                   |  |

|  |                   |  |
|--|-------------------|--|
| Full Name (Last, First, Middle Initial) of Payee               |                   | Date<br>MM / DD / YYYY   |
| Mailing Address  |                   | Amount   |
| City   | State             |  |
| Zip Code   | Category/<br>Type | Office Sought: <input type="checkbox"/> House State: _____<br><input type="checkbox"/> Senate District: _____<br><input type="checkbox"/> President                      |
| Purpose of Expenditure   |                   | Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose  |
| Name of Federal Candidate Supported or Opposed by Expenditure: |                   | Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) <input type="checkbox"/> Special-General |
| Calendar Year-To-Date Per Election for Office Sought           |                   |  |

|  |   |          |
|--|---|----------|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....                                    | ▶ | 313.74   |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....                                  | ▶ |          |
| (c) <b>TOTAL</b> Independent Expenditures.....<br>(carry total from last page forward to Line 7) | ▶ | 16030.34 |