



**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
PODER PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		27757.90
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	27757.90									
(c) Total Receipts (from Line 19) .....	29425.00	29425.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	57182.90	57182.90								
7. Total Disbursements (from Line 31) .....	33624.70	33624.70								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	23558.20	23558.20								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> 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)

Write or Type Committee Name  
PODER PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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) .....	15200.00	15200.00
(ii) Unitemized .....	13225.00	13225.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	28425.00	28425.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	1000.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	29425.00	29425.00
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 .....	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 Transfer (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)) .....	29425.00	29425.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	29425.00	29425.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared 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.....	31774.70	31774.70
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	31774.70	31774.70
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 Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	1850.00	1850.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	33624.70	33624.70
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33624.70	33624.70

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	29425.00	29425.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	29425.00	29425.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	31774.70	31774.70
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	31774.70	31774.70

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 28  
(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

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)  
**PODER PAC**

**A.**

Full Name (Last, First, Middle Initial) Tonio Burgos		Date of Receipt MM / DD / YYYY 01 / 16 / 2009
Mailing Address 115 Broadway Rm 1504		<b>Transaction ID:</b> C4926226
City State Zip Code New York NY 10006-1619	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 300.00
Name of Employer Tonio Burgos & Associates	Occupation Government Relations/Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

**B.**

Full Name (Last, First, Middle Initial) Michael Canale		Date of Receipt MM / DD / YYYY 01 / 06 / 2009
Mailing Address 214 N. Canon Drive		<b>Transaction ID:</b> C4925103
City State Zip Code Beverly Hills CA 90210	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer Michael Canale Inc.	Occupation Hairdresser	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

**C.**

Full Name (Last, First, Middle Initial) Alejandra Castillo		Date of Receipt MM / DD / YYYY 01 / 09 / 2009
Mailing Address 1940 Biltmore St NW		<b>Transaction ID:</b> C4925297
City State Zip Code Washington DC 20009-1575	FEC ID number of contributing federal political committee. <b>C</b>	Amount of Each Receipt this Period 1000.00
Name of Employer Dominican American National Roundtable	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>2300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PODER PAC

**A.**

Full Name (Last, First, Middle Initial)  
Alejandra Ceja

Mailing Address 1301 U St NW  
Apt 612

City Washington State DC Zip Code 20009-7553

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

Name of Employer US House of Reps Occupation Senior Budget and Appropriations Advis

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 05 / 2009

Transaction ID: C4924765

Amount of Each Receipt this Period 300.00

**B.**

Full Name (Last, First, Middle Initial)  
Maria Echaveste

Mailing Address 1511 Arch St

City Berkeley State CA Zip Code 94708-1828

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

Name of Employer NVG, LLC Occupation Political consultant/co-founder

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 16 / 2009

Transaction ID: C4926224

Amount of Each Receipt this Period 300.00

**C.**

Full Name (Last, First, Middle Initial)  
Idalia Fernandez

Mailing Address 14422 Coachway Dr

City Centreville State VA Zip Code 20120-1638

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

Name of Employer Hispanic College Fund Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 25 / 2009

Transaction ID: C5052590

Amount of Each Receipt this Period 50.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ **650.00**

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 8 / 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PODER PAC

**A.** Full Name (Last, First, Middle Initial)  
Idalia Fernandez

Mailing Address 14422 Coachway Dr

City State Zip Code  
Centreville VA 20120-1638

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Hispanic College Fund President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 03 / 25 / 2009  
**Transaction ID: C5136476**

Amount of Each Receipt this Period 50.00

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

Mailing Address 14422 Coachway Dr

City State Zip Code  
Centreville VA 20120-1638

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Hispanic College Fund President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 25 / 2009  
**Transaction ID: C5204349**

Amount of Each Receipt this Period 50.00

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

Mailing Address 14422 Coachway Dr

City State Zip Code  
Centreville VA 20120-1638

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Hispanic College Fund President

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 05 / 25 / 2009  
**Transaction ID: C5228778**

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 9 / 28  
(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)  
**PODER PAC**

**A.**

Full Name (Last, First, Middle Initial) Idalia Fernandez		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>2</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		2	5		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		2	5		2	0	0	9													
Mailing Address 14422 Coachway Dr		<b>Transaction ID:</b> C5308771																				
City State Zip Code Centreville VA 20120-1638	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>50.00</td></tr></table>		50.00																			
50.00																						
FEC ID number of contributing federal political committee. <b>C</b> <table border="1" style="width: 100%;"><tr><td> </td></tr></table>																						
Name of Employer Hispanic College Fund	Occupation President																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>250.00</td></tr></table>	250.00																				
250.00																						

**B.**

Full Name (Last, First, Middle Initial) Norma Gonzales		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		0	7		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		0	7		2	0	0	9													
Mailing Address 2122 W Magnolia Ave		<b>Transaction ID:</b> C4925114																				
City State Zip Code San Antonio TX 78201-4812	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>400.00</td></tr></table>		400.00																			
400.00																						
FEC ID number of contributing federal political committee. <b>C</b> <table border="1" style="width: 100%;"><tr><td> </td></tr></table>																						
Name of Employer self	Occupation attorney																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>400.00</td></tr></table>	400.00																				
400.00																						

**C.**

Full Name (Last, First, Middle Initial) Jorge Haynes, Jr.		Date of Receipt <table border="1" style="font-size: small; text-align: center;"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	8		2	0	0	9													
Mailing Address 2604 E. 20th Street Unit 302		<b>Transaction ID:</b> C4926358																				
City State Zip Code Signal Hill CA 90755-1064	Amount of Each Receipt this Period <table border="1" style="width: 100%; text-align: right;"><tr><td>500.00</td></tr></table>		500.00																			
500.00																						
FEC ID number of contributing federal political committee. <b>C</b> <table border="1" style="width: 100%;"><tr><td> </td></tr></table>																						
Name of Employer California State University System	Occupation External Affairs																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <table border="1" style="width: 100%; text-align: right;"><tr><td>500.00</td></tr></table>	500.00																				
500.00																						

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<table border="1" style="width: 100%;"><tr><td>950.00</td></tr></table>	950.00
950.00		
<b>TOTAL</b> This Period (last page this line number only) .....	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>	

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

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

FOR LINE NUMBER: PAGE 10 / 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PODER PAC

**A.** Full Name (Last, First, Middle Initial)  
Helen Hernandez  
 Mailing Address 18034 Ventura Blvd., #280  
 City Encino State CA Zip Code 91316  
 Date of Receipt 01 / 18 / 2009  
**Transaction ID: C4926357**  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer La Conexion Occupation Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 1000.00

**B.** Full Name (Last, First, Middle Initial)  
Cynthia Jasso-Rotunno  
 Mailing Address 531 8th Street, NE  
 City Washington State DC Zip Code 20002  
 Date of Receipt 01 / 06 / 2009  
**Transaction ID: C4925101**  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer Dewey Square Group Occupation Principal  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 1000.00

**C.** Full Name (Last, First, Middle Initial)  
Linda Lopez  
 Mailing Address 1954 S Euclid Ave  
 City San Marino State CA Zip Code 91108-1612  
 Date of Receipt 01 / 17 / 2009  
**Transaction ID: C4926242**  
 Amount of Each Receipt this Period 400.00  
 FEC ID number of contributing federal political committee. C  
 Name of Employer self employed Occupation political scientist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 400.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 2400.00  
**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 / 28
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
PODER PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Lydia Madrigal	Date of Receipt MM / DD / YYYY 06 / 02 / 2009
	Mailing Address #4 Bay Meadows	<b>Transaction ID:</b> C5231105
	City State Zip Code Midland TX 79705	Amount of Each Receipt this Period 4000.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Express Nursing Home Health Care Servi Occupation Owner/CEO Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4000.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Jason Mida	Date of Receipt MM / DD / YYYY 01 / 05 / 2009
	Mailing Address 1524 Independence Ave SE Apt 302	<b>Transaction ID:</b> C4924813
	City State Zip Code Washington DC 20003-1553	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Gay & Lesbian Victory Fund and Leaders Occupation Vice President, Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Jason Mida	Date of Receipt MM / DD / YYYY 02 / 05 / 2009
	Mailing Address 1524 Independence Ave SE Apt 302	<b>Transaction ID:</b> C5024162
	City State Zip Code Washington DC 20003-1553	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Gay & Lesbian Victory Fund and Leaders Occupation Vice President, Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>4150.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 / 28  
(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)  
PODER PAC

**A.**

Full Name (Last, First, Middle Initial) Jason Mida		Date of Receipt MM / DD / YYYY 03 / 05 / 2009
Mailing Address 1524 Independence Ave SE Apt 302		<b>Transaction ID:</b> C5060040
City Washington	State DC	Zip Code 20003-1553
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 75.00
Name of Employer Gay & Lesbian Victory Fund and Leaders	Occupation Vice President, Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**B.**

Full Name (Last, First, Middle Initial) Jason Mida		Date of Receipt MM / DD / YYYY 04 / 05 / 2009
Mailing Address 1524 Independence Ave SE Apt 302		<b>Transaction ID:</b> C5147639
City Washington	State DC	Zip Code 20003-1553
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Gay & Lesbian Victory Fund and Leaders	Occupation Vice President, Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**C.**

Full Name (Last, First, Middle Initial) Jason Mida		Date of Receipt MM / DD / YYYY 05 / 05 / 2009
Mailing Address 1524 Independence Ave SE Apt 302		<b>Transaction ID:</b> C5207074
City Washington	State DC	Zip Code 20003-1553
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 125.00
Name of Employer Gay & Lesbian Victory Fund and Leaders	Occupation Vice President, Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>325.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 13 / 28
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
PODER PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Jason Mida		Date of Receipt MM / DD / YYYY 06 / 05 / 2009		
	Mailing Address 1524 Independence Ave SE Apt 302		<b>Transaction ID:</b> C5233133		
	City Washington	State DC	Zip Code 20003-1553	Amount of Each Receipt this Period 125.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Gay & Lesbian Victory Fund and Leaders		Occupation Vice President, Development		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 600.00			

<b>B.</b>	Full Name (Last, First, Middle Initial) Gloria Molina		Date of Receipt MM / DD / YYYY 01 / 16 / 2009		
	Mailing Address 455 Canyon Vista Dr		<b>Transaction ID:</b> C4926228		
	City Los Angeles	State CA	Zip Code 90065-3912	Amount of Each Receipt this Period 400.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Los Angeles County		Occupation Supervisor		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 400.00			

<b>C.</b>	Full Name (Last, First, Middle Initial) David Montoya		Date of Receipt MM / DD / YYYY 01 / 18 / 2009		
	Mailing Address 7 Manzano Rd		<b>Transaction ID:</b> C4926356		
	City Corrales	State NM	Zip Code 87048-8325	Amount of Each Receipt this Period 1000.00	
	FEC ID number of contributing federal political committee. C				
	Name of Employer Self employed		Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1000.00			

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1525.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

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

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

FOR LINE NUMBER: PAGE 14 / 28  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
PODER PAC

**A.** Full Name (Last, First, Middle Initial)  
Carmen C Ramirez

Mailing Address 3903 Livingston St NW

City Washington State DC Zip Code 20015-2921

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

Name of Employer The Catholic University of America Occupation Adjunct Assistant Professor

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 14 / 2009  
Transaction ID: C4925968  
Amount of Each Receipt this Period 300.00

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

Mailing Address 35 Homestead Rd

City Greenwich State CT Zip Code 06831-4222

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

Name of Employer Bridgeport Hospital Occupation Physician Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 10 / 2009  
Transaction ID: C4925402  
Amount of Each Receipt this Period 200.00

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

Mailing Address 35 Homestead Rd

City Greenwich State CT Zip Code 06831-4222

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

Name of Employer Bridgeport Hospital Occupation Physician Assistant

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 24 / 2009  
Transaction ID: C4926517  
Amount of Each Receipt this Period 100.00

**SUBTOTAL** of Receipts This Page (optional) ..... ▶ 600.00

**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 / 28
	<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)  
PODER PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) A. V. Rivas-Vazquez	Date of Receipt MM / DD / YYYY 01 / 08 / 2009
	Mailing Address 155 Ocean Lane Dr Apt 907	<b>Transaction ID:</b> C4925225
	City State Zip Code Key Biscayne FL 33149-1464	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Zogby International Attorney/Client Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Sylvia Trujillo	Date of Receipt MM / DD / YYYY 01 / 07 / 2009
	Mailing Address 350 G St SW Apt 116	<b>Transaction ID:</b> C4925105
	City State Zip Code Washington DC 20024-3112	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation American Medical Association Lawyer/Legislative Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Sylvia Trujillo	Date of Receipt MM / DD / YYYY 02 / 07 / 2009
	Mailing Address 350 G St SW Apt 116	<b>Transaction ID:</b> C5038276
	City State Zip Code Washington DC 20024-3112	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation American Medical Association Lawyer/Legislative Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 16 / 28
	(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"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PODER PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Sylvia Trujillo		Date of Receipt																					
	Mailing Address 350 G St SW Apt 116		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>3</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	7		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	3		0	7		2	0	0	9														
	City State Zip Code Washington DC 20024-3112		<b>Transaction ID:</b> C5100455																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00																						
Name of Employer American Medical Association Occupation Lawyer/Legislative Counsel		Aggregate Year-to-Date ▼ 600.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

<b>B.</b>	Full Name (Last, First, Middle Initial) Sylvia Trujillo		Date of Receipt																					
	Mailing Address 350 G St SW Apt 116		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>4</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	7		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	4		0	7		2	0	0	9														
	City State Zip Code Washington DC 20024-3112		<b>Transaction ID:</b> C5148332																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00																						
Name of Employer American Medical Association Occupation Lawyer/Legislative Counsel		Aggregate Year-to-Date ▼ 600.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

<b>C.</b>	Full Name (Last, First, Middle Initial) Sylvia Trujillo		Date of Receipt																					
	Mailing Address 350 G St SW Apt 116		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>5</td><td></td><td>0</td><td>7</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	5		0	7		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	5		0	7		2	0	0	9														
	City State Zip Code Washington DC 20024-3112		<b>Transaction ID:</b> C5207485																					
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 100.00																						
Name of Employer American Medical Association Occupation Lawyer/Legislative Counsel		Aggregate Year-to-Date ▼ 600.00																						
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																								

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	300.00
<b>TOTAL</b> This Period (last page this line number only) .....	▶	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 17 / 28  
(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"/>		<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	17

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NAME OF COMMITTEE (In Full)  
PODER PAC

**A.**

Full Name (Last, First, Middle Initial)  
Sylvia Trujillo

Mailing Address 350 G St SW  
Apt 116

City Washington State DC Zip Code 20024-3112

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

Name of Employer American Medical Association Occupation Lawyer/Legislative Counsel

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt MM / DD / YYYY 06 / 07 / 2009

Transaction ID: C5233757

Amount of Each Receipt this Period 100.00

**B.**

Full Name (Last, First, Middle Initial)  
Joe Velasquez

Mailing Address 1617 Inlet Ct

City Reston State VA Zip Code 20190-4429

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

Name of Employer Velasquez & Associates Occupation Information Requested

Receipt For: 2008  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY 01 / 18 / 2009

Transaction ID: C4926359

Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Lucy Voelk

Mailing Address 43 Oak Hill Rd

City Harvard State MA Zip Code 01451-1719

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

Name of Employer AutoReturn Occupation Director of Marketing

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY 01 / 18 / 2009

Transaction ID: C4926260

Amount of Each Receipt this Period 400.00

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

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 18 / 28  
(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)  
PODER PAC

**A.**

Full Name (Last, First, Middle Initial) Brent Wilkes		Date of Receipt MM / DD / YYYY 01 / 17 / 2009
Mailing Address 6608 Byrnes Dr		<b>Transaction ID:</b> C4926245
City McLean	State VA	Zip Code 22101-5273
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Lulac	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**B.**

Full Name (Last, First, Middle Initial) Brent Wilkes		Date of Receipt MM / DD / YYYY 01 / 18 / 2009
Mailing Address 6608 Byrnes Dr		<b>Transaction ID:</b> C4926249
City McLean	State VA	Zip Code 22101-5273
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200.00
Name of Employer Lulac	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

**C.**

Full Name (Last, First, Middle Initial) Brent Wilkes		Date of Receipt MM / DD / YYYY 01 / 18 / 2009
Mailing Address 6608 Byrnes Dr		<b>Transaction ID:</b> C4926267
City McLean	State VA	Zip Code 22101-5273
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Lulac	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	600.00
<b>TOTAL</b> This Period (last page this line number only) .....	15200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 / 28
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c
<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14
<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
PODER PAC

A.

Full Name (Last, First, Middle Initial) Immigration PAC		Date of Receipt																				
Mailing Address 2161 N. California Avenue Suite 109		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	8		2	0	0	9													
City	State	Zip Code																				
Chicago	IL	60647																				
FEC ID number of contributing federal political committee.		Transaction ID: C4926355																				
<b>C</b> C00446187		Amount of Each Receipt this Period																				
		1000.00																				
Name of Employer	Occupation																					
Receipt For:	Aggregate Year-to-Date ▼																					
<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Other (specify) ▼	1000.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	1000.00
<b>TOTAL</b> 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)

PAGE 20 / 28

<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)  
PODER PAC

<b>A.</b> Full Name (Last, First, Middle Initial) A&A Design Services Mailing Address 2001 Charleston Place City Hyattsville State MD Zip Code 20783 Purpose of Disbursement design letterhead and envelopes Candidate Name	Transaction ID: D236554 Date of Disbursement 01 / 26 / 2009
	Amount of Each Disbursement this Period 350.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>B.</b> Full Name (Last, First, Middle Initial) Mari Carmen Aponte Mailing Address 4201 Linnean Ave NW City Washington State DC Zip Code 20008-3808 Purpose of Disbursement Meeting Expense - Catering Candidate Name	Transaction ID: D238600 Date of Disbursement 01 / 30 / 2009
	Amount of Each Disbursement this Period 100.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>C.</b> Full Name (Last, First, Middle Initial) Bernadette Cala Mailing Address 1201 Janneys Lane City Alexandria State VA Zip Code 22302 Purpose of Disbursement Consultant - Compliance Candidate Name	Transaction ID: D235524 Date of Disbursement 01 / 12 / 2009
	Amount of Each Disbursement this Period 125.00
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	575.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	(Empty box)

**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)

PAGE 21 / 28

<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)  
PODER PAC

A.	Full Name (Last, First, Middle Initial) Bernadette Cala	Transaction ID: D283295 Date of Disbursement 06 / 23 / 2009
	Mailing Address 1201 Janneys Lane	Amount of Each Disbursement this Period 250.00
	City Alexandria State VA Zip Code 22302	
	Purpose of Disbursement Consultant - Compliance	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) Express EMPS	Transaction ID: D279553 Date of Disbursement 01 / 05 / 2009
	Mailing Address P.O. Box 6600	Amount of Each Disbursement this Period 185.96
	City Hagerstown State MD Zip Code 21740	
	Purpose of Disbursement credit card fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) Express EMPS	Transaction ID: D279554 Date of Disbursement 02 / 04 / 2009
	Mailing Address P.O. Box 6600	Amount of Each Disbursement this Period 417.74
	City Hagerstown State MD Zip Code 21740	
	Purpose of Disbursement credit card fee	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>853.70</b>
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
PODER PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Express EMPS Mailing Address P.O. Box 6600 City Hagerstown State MD Zip Code 21740 Purpose of Disbursement credit card fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D279555 Date of Disbursement M M / D D / Y Y Y Y 0 3 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 85.94
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type	

<b>B.</b> Full Name (Last, First, Middle Initial) Express EMPS Mailing Address P.O. Box 6600 City Hagerstown State MD Zip Code 21740 Purpose of Disbursement credit card fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D282875 Date of Disbursement M M / D D / Y Y Y Y 0 4 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 25.05
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type	

<b>C.</b> Full Name (Last, First, Middle Initial) Express EMPS Mailing Address P.O. Box 6600 City Hagerstown State MD Zip Code 21740 Purpose of Disbursement credit card fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Transaction ID: D282876 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 0 4 / 2 0 0 9
	Amount of Each Disbursement this Period 25.05
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	136.04
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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<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)  
PODER PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Express EMPS</p> <p>Mailing Address P.O. Box 6600</p> <p>City Hagerstown State MD Zip Code 21740</p> <p>Purpose of Disbursement credit card fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D282879</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) NGP Software, Inc.</p> <p>Mailing Address 1225 Eye Street, NW Suite 1225</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Computer software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D278791</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1200.00"/></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) NGP Software, Inc.</p> <p>Mailing Address 1225 Eye Street, NW Suite 1225</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Computer software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> D235005</p> <p>Date of Disbursement</p> <p><input type="text" value="01"/> <input type="text" value="07"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="750.00"/></p>

**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)  
PODER PAC

**A.** Full Name (Last, First, Middle Initial)  
NGP Software, Inc.

Mailing Address 1225 Eye Street, NW Suite 1225

City Washington State DC Zip Code 20005

Purpose of Disbursement credit card fees

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2008  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** D283296  
**Date of Disbursement:** 06 / 23 / 2009

Amount of Each Disbursement this Period: 150.00

Category/Type

**B.** Full Name (Last, First, Middle Initial)  
Perfect Image Printing

Mailing Address 5616 Columbia Pike

City Falls Church State VA Zip Code 22041

Purpose of Disbursement letterhead/envelopes

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** D280723  
**Date of Disbursement:** 04 / 21 / 2009

Amount of Each Disbursement this Period: 382.20

Category/Type

**C.** Full Name (Last, First, Middle Initial)  
Rosa Mexicano Restaurant

Mailing Address 575 7th Street, NW

City Washington State DC Zip Code 20004

Purpose of Disbursement Reception/catering (not for a federal candidate)

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** D235827  
**Date of Disbursement:** 01 / 14 / 2009

Amount of Each Disbursement this Period: 19800.00

Category/Type

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 20332.20

**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)

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<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)  
PODER PAC

A.	Full Name (Last, First, Middle Initial) Ryan, Phillips, Utrecht & MacKinnon	Transaction ID: D261672 Date of Disbursement 02 / 27 / 2009
	Mailing Address 1133 Connecticut Avenue, N.W Suite 300	Amount of Each Disbursement this Period 77.26
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement legal fees	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) The Markham Group, LLC	Transaction ID: D280724 Date of Disbursement 04 / 21 / 2009
	Mailing Address 823 W. Markham Street	Amount of Each Disbursement this Period 5000.00
	City Little Rock State AR Zip Code 72201	
	Purpose of Disbursement meeting expense - signs	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) The Markham Group, LLC	Transaction ID: D283297 Date of Disbursement 06 / 23 / 2009
	Mailing Address 823 W. Markham Street	Amount of Each Disbursement this Period 2105.00
	City Little Rock State AR Zip Code 72201	
	Purpose of Disbursement meeting expense - signs	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	7182.26
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)  
PODER PAC

A.

Full Name (Last, First, Middle Initial)  
Utrecht & Phillips, PLLC

Mailing Address 1900 M Street, NW Suite 500

City Washington State DC Zip Code 20036

Purpose of Disbursement  
legal fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: D282662  
Date of Disbursement

06 / 08 / 2009

Amount of Each Disbursement this Period

420.50

B.

Full Name (Last, First, Middle Initial)  
Zeros Group

Mailing Address PO Box 70881

City Bethesda State MD Zip Code 20813

Purpose of Disbursement  
Meeting Expense - Photographer

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  Primary  General  
 Other (specify) ▼

Transaction ID: D236167  
Date of Disbursement

01 / 18 / 2009

Amount of Each Disbursement this Period

300.00

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

720.50

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

31774.70

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

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

FOR LINE NUMBER:  
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<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)  
PODER PAC

**A.** Full Name (Last, First, Middle Initial)  
Dr. Lorena Garza Gonzalez Campaign

Mailing Address 703 Channel Pass

City San Antonio State TX Zip Code 78232

Purpose of Disbursement Nonfederal contribution

Candidate Name Dr. Lorena Garza Gonzalez Campaign

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** D278983  
**Date of Disbursement:** 04 / 06 / 2009

Amount of Each Disbursement this Period: 250.00

**B.** Full Name (Last, First, Middle Initial)  
Friends of Nancy Navarro

Mailing Address 2241 Bel Pre Road

City Silver Spring State MD Zip Code 20906

Purpose of Disbursement Nonfederal contribution

Candidate Name Friends of Nancy Navarro

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

**Transaction ID:** D280698  
**Date of Disbursement:** 04 / 20 / 2009

Amount of Each Disbursement this Period: 250.00

**C.** Full Name (Last, First, Middle Initial)  
Nury Martinez for School Board

Mailing Address c/o Charlotte Dobbs & Co  
2730 Wilshire Blvd., Suite 550

City Santa Monica State CA Zip Code 90403

Purpose of Disbursement Nonfederal contribution

Candidate Name Nury Martinez

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: CA District:

**Transaction ID:** D279556  
**Date of Disbursement:** 03 / 02 / 2009

Amount of Each Disbursement this Period: 1000.00

**SUBTOTAL** of Disbursements This Page (optional) ..... ► 1500.00

**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)

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<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)  
PODER PAC

A.

Full Name (Last, First, Middle Initial)  
Perla Cavazos for Austin City Council

Transaction ID: D278982

Date of Disbursement

Mailing Address 811 East 13th Street

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

City State Zip Code  
Austin TX 78702

Amount of Each Disbursement this Period

350.00
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Purpose of Disbursement  
Nonfederal contribution

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Category/  
Type

Candidate Name  
Perla Cavazos for Austin City Council

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

350.00
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TOTAL This Period (last page this line number only) ..... ►

1850.00
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