

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 PODER PAC

ADDRESS (number and street) 3520 Maple Court Falls Church VA 22041

2. FEC IDENTIFICATION NUMBER C C00452276 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report (X), Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 01 / 01 / 2013 through 06 / 30 / 2013

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

Type or Print Name of Treasurer Catherine Pino

Signature of Treasurer Catherine Pino [Electronically Filed] Date 07 / 18 / 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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**PODER 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="2013"/>	<input type="text" value="7125.52"/>	<input type="text" value="7125.52"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7125.52"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="28040.00"/>	<input type="text" value="28040.00"/>
(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="35165.52"/>	<input type="text" value="35165.52"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="17398.11"/>	<input type="text" value="17398.11"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="17767.41"/>	<input type="text" value="17767.41"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

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

**For further information contact:**

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

PODER PAC

Report Covering the Period: From: 01 / 01 / 2013 To: 06 / 30 / 2013

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	15650.00	15650.00
(ii) Unitemized .....	9390.00	9390.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	25040.00	25040.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	3000.00	3000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	28040.00	28040.00
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 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))..... ▶	28040.00	28040.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	28040.00	28040.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	16698.11	16698.11
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	16698.11	16698.11
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 .....	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 .....	700.00	700.00
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)) ..	17398.11	17398.11
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	17398.11	17398.11

**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) .....	28040.00	28040.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	28040.00	28040.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	16698.11	16698.11
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	16698.11	16698.11

**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"/> 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	

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**

Full Name (Last, First, Middle Initial) <b>A. Dean Aguillen</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 16 / 2013 <b>Transaction ID : C9035036</b>
Mailing Address 1111 19th St NW Ste 1100		Amount of Each Receipt this Period 1000.00
City Washington	State DC	Zip Code 20036-3621
FEC ID number of contributing federal political committee. C		
Name of Employer Ogilvy Government Relations	Occupation Principal	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Lisa Baltazar</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 16 / 2013 <b>Transaction ID : C9034115</b>
Mailing Address 201 E 25th St Apt 9D		Amount of Each Receipt this Period 1000.00
City New York	State NY	Zip Code 10010-3006
FEC ID number of contributing federal political committee. C		
Name of Employer Zurich North America	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Ma Cristina Caballero</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 25 / 2013 <b>Transaction ID : C9038636</b>
Mailing Address 5625 Cavalier Woods LN		Amount of Each Receipt this Period 500.00
City Clifton	State VA	Zip Code 20124-1077
FEC ID number of contributing federal political committee. C		
Name of Employer Dialog on Diversity	Occupation President and CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 7 OF 24 (check only one)
<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"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PODER PAC**

**A. Lorraine Cortes-Vazquez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2322 Lodovick Ave  
 City State Zip Code  
 Bronx NY 10469-6330  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 AARP Executive Vice President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 14 / 2013  
**Transaction ID : C9030838**  
 Amount of Each Receipt this Period  
 1000.00

**B. Lisa Cummins**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2341 9th Street S  
 City State Zip Code  
 Arlington VA 22204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Urban Strategies Information Requested  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 25 / 2013  
**Transaction ID : C9038643**  
 Amount of Each Receipt this Period  
 300.00

**C. Silvia Diaz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 633 OCEANHILL WAY  
 City State Zip Code  
 Malibu CA 90265  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 RETIRED RETIRED  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 250.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 19 / 2013  
**Transaction ID : C9036810**  
 Amount of Each Receipt this Period  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1550.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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

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NAME OF COMMITTEE (In Full)  
**PODER PAC**

Full Name (Last, First, Middle Initial)  
**A. Maria Echaveste**

Mailing Address 1511 Arch St

City State Zip Code  
Berkeley CA 94708-1828

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

Name of Employer Occupation  
NVG LLC consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2013  
**Transaction ID : C9035619**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2717 W Martin St

City State Zip Code  
San Antonio TX 78207-2878

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

Name of Employer Occupation  
self attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 08 / 2013  
**Transaction ID : C9012506**

Amount of Each Receipt this Period  
100.00

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

Mailing Address 2717 W Martin St

City State Zip Code  
San Antonio TX 78207-2878

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

Name of Employer Occupation  
self attorney

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 25 / 2013  
**Transaction ID : C9038642**

Amount of Each Receipt this Period  
900.00

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

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



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

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

FOR LINE NUMBER: PAGE 9 OF 24  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**PODER PAC**

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

Mailing Address 2770 Hutton Dr

City State Zip Code  
Beverly Hills CA 90210-1216

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

Name of Employer Occupation  
self journalist/producer

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 07 / 2013  
**Transaction ID : C9012007**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 530 1st St SE

City State Zip Code  
Washington DC 20003-2608

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

Name of Employer Occupation  
self consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 19 / 2013  
**Transaction ID : C9036806**

Amount of Each Receipt this Period  
300.00

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

Mailing Address 578 Washington Blvd  
Ste 816

City State Zip Code  
Marina Del Rey CA 90292-5442

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

Name of Employer Occupation  
Galan Entertainment Media

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 14 / 2013  
**Transaction ID : C9030756**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2300.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 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)  
**PODER PAC**

**A. Ron Ginsburg**  
Full Name (Last, First, Middle Initial)

Mailing Address 1101 30th St NW  
Ste 500

City Washington State DC Zip Code 20007-3772

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

Name of Employer Meadow Brook Partners Occupation Finance

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
01 / 07 / 2013  
**Transaction ID : C9012018**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 2816 N Yucatan St

City Arlington State VA Zip Code 22213-1810

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

Name of Employer Retired Occupation Retired

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
01 / 14 / 2013  
**Transaction ID : C9030841**

Amount of Each Receipt this Period  
1000.00

**c. Lydia Madrigal**  
Full Name (Last, First, Middle Initial)

Mailing Address #4 Bay Meadows

City Midland State TX Zip Code 79705

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

Name of Employer Express Nursing Home Health Care Servi Occupation Owner/CEO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
01 / 14 / 2013  
**Transaction ID : C9030836**

Amount of Each Receipt this Period  
1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)  
**PODER PAC**

**A. Joelle Martinez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7406 S Curtice Ct  
 City Littleton State CO Zip Code 80120-3951  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Consultant  
 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  
**02 / 25 / 2013**  
**Transaction ID : C9089259**  
 Amount of Each Receipt this Period  
**250.00**

**B. Gilberto Ocanas**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 223 N Guadalupe St # 259  
 City Santa Fe State NM Zip Code 87501-1868  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Ocanas Group Occupation Communications  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 18 / 2013**  
**Transaction ID : C9036460**  
 Amount of Each Receipt this Period  
**1000.00**

**C. Maria Mercedes Olivieri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7027 Veering Ln  
 City Burke State VA Zip Code 22015-4445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self-Employed Occupation Consultant  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **300.00**

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
**01 / 07 / 2013**  
**Transaction ID : C9012022**  
 Amount of Each Receipt this Period  
**50.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1300.00</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 OF 24  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**PODER PAC**

**A. Maria Mercedes Olivieri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7027 Veering Ln  
 City State Zip Code  
 Burke VA 22015-4445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Consultant  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 02 / 07 / 2013  
**Transaction ID : C9050773**  
 Amount of Each Receipt this Period  
 50.00

**B. Maria Mercedes Olivieri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7027 Veering Ln  
 City State Zip Code  
 Burke VA 22015-4445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Consultant  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2013  
**Transaction ID : C9095686**  
 Amount of Each Receipt this Period  
 50.00

**C. Maria Mercedes Olivieri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7027 Veering Ln  
 City State Zip Code  
 Burke VA 22015-4445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Consultant  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 07 / 2013  
**Transaction ID : C9108518**  
 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: (check only one)	PAGE 13 OF 24
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
**PODER PAC**

**A. Maria Mercedes Olivieri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7027 Veering Ln  
 City State Zip Code  
 Burke VA 22015-4445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Consultant  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 07 / 2013  
**Transaction ID : C9155469**  
 Amount of Each Receipt this Period  
 50.00

**B. Maria Mercedes Olivieri**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 7027 Veering Ln  
 City State Zip Code  
 Burke VA 22015-4445  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Consultant  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 300.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 07 / 2013  
**Transaction ID : C9174321**  
 Amount of Each Receipt this Period  
 50.00

**C. Elena Rios**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1124 10th St NW  
 Apt 1B  
 City State Zip Code  
 Washington DC 20001-4345  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 National Hispanic Medical Association President & CEO  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 01 / 17 / 2013  
**Transaction ID : C9036017**  
 Amount of Each Receipt this Period  
 1000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1100.00
<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 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)  
**PODER PAC**

Full Name (Last, First, Middle Initial)  
**A. Michael Stratton**

Mailing Address 541 St. Paul Street

City State Zip Code  
Denver CO 80206

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

Name of Employer Occupation  
Stratton and Associates Information Requested

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
02 / 25 / 2013  
**Transaction ID : C9089258**

Amount of Each Receipt this Period  
500.00

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

Mailing Address 1425 Rhode Island Ave NW  
Apt 20

City State Zip Code  
Washington DC 20005-5415

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

Name of Employer Occupation  
Self Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 23 / 2013  
**Transaction ID : C9037816**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 5723 Clarence Ave

City State Zip Code  
Alexandria VA 22311-1007

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

Name of Employer Occupation  
Walmart Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y  
01 / 29 / 2013  
**Transaction ID : C9043201**

Amount of Each Receipt this Period  
250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1750.00
<b>TOTAL</b> This Period (last page this line number only).....▶	15650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 15 OF 24
<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**

Full Name (Last, First, Middle Initial) <b>A. American Society of Anesthesiologists PAC</b>		Date of Receipt MM / DD / YYYY 01 / 25 / 2013 <b>Transaction ID : C9038639</b>
Mailing Address 520 N. Northwest Highway		Amount of Each Receipt this Period 1000.00
City Park Ridge	State IL	Zip Code 60068-2538
FEC ID number of contributing federal political committee. C C00255752	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>B. NEA Fund for Children &amp; Public Education</b>		Date of Receipt MM / DD / YYYY 05 / 30 / 2013 <b>Transaction ID : C9170490</b>
Mailing Address 1201 16th Street, NW Suite 420		Amount of Each Receipt this Period 1000.00
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C C00003251	Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) <b>C. Turquoise PAC</b>		Date of Receipt MM / DD / YYYY 02 / 20 / 2013 <b>Transaction ID : C9085720</b>
Mailing Address 1050 17th Street NW Ste 590		Amount of Each Receipt this Period 1000.00
City Washington	State DC	Zip Code 20036
FEC ID number of contributing federal political committee. C C00517235	Name of Employer	Occupation
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).....▶	3000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	3000.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PODER PAC**

Full Name (Last, First, Middle Initial)

### A. Bernadette Cala

Mailing Address 1201 Janneys Lane

City Alexandria State VA Zip Code 22302

Purpose of Disbursement  
consulting - compliance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 19 / 2013

Transaction ID : D493443

Amount of Each Disbursement this Period

200.00

Category/  
Type

Full Name (Last, First, Middle Initial)

### B. CA Secretary of State

Mailing Address 1500 11th Street, Room 495

City Sacramento State CA Zip Code 95814

Purpose of Disbursement  
filing fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 14 / 2013

Transaction ID : D490569

Amount of Each Disbursement this Period

250.00

Category/  
Type

Full Name (Last, First, Middle Initial)

### C. Choice Photography

Mailing Address PO Box 26401

City Washington State DC Zip Code 20001

Purpose of Disbursement  
mtg. exp. - photos

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2013

Transaction ID : D492131

Amount of Each Disbursement this Period

400.00

Category/  
Type

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

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

850.00



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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PODER PAC**

Full Name (Last, First, Middle Initial)

**A. Colorado Secretary of State**

Mailing Address Campaign Finance Unit  
1700 Broadway, Suite 200

City Denver State CO Zip Code 80290

Purpose of Disbursement  
filing fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
01 / 14 / 2013

Transaction ID : D490571

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**B. Colorado Secretary of State**

Mailing Address Campaign Finance Unit  
1700 Broadway, Suite 200

City Denver State CO Zip Code 80290

Purpose of Disbursement  
filing fees

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
05 / 13 / 2013

Transaction ID : D497555

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

**C. D&P Creative Strategies, LLC**

Mailing Address 3520 Maple Court

City Falls Church State VA Zip Code 22041

Purpose of Disbursement  
mtg.exp. - parking

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
02 / 20 / 2013

Transaction ID : D506955

Amount of Each Disbursement this Period

19.00

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

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

119.00

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PODER PAC**

Full Name (Last, First, Middle Initial)

**A. NGP Van, Inc.**

Mailing Address 1101 15th Street, NW  
Suite 500

City Washington State DC Zip Code 20005

Purpose of Disbursement  
campaign software

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D497554**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**B. NGP Van, Inc.**

Mailing Address 1101 15th Street, NW  
Suite 500

City Washington State DC Zip Code 20005

Purpose of Disbursement  
campaign software

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D491536**

Amount of Each Disbursement this Period

Category/  
Type

Full Name (Last, First, Middle Initial)

**C. Occasions Caterers**

Mailing Address 1655 Taylor Street NE

City Washington State DC Zip Code 20017

Purpose of Disbursement  
mtg.exp. - food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D493461**

Amount of Each Disbursement this Period

Category/  
Type

**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**

Full Name (Last, First, Middle Initial)

**A. PNC Merchant Services**

Mailing Address One PNC Plaza

City Pittsburgh State PA Zip Code 15265

Purpose of Disbursement  
credit card fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

01 / 31 / 2013

**Transaction ID : D506945**

Amount of Each Disbursement this Period

594.69

Full Name (Last, First, Middle Initial)

**B. PNC Merchant Services**

Mailing Address One PNC Plaza

City Pittsburgh State PA Zip Code 15265

Purpose of Disbursement  
credit card fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

02 / 28 / 2013

**Transaction ID : D506946**

Amount of Each Disbursement this Period

123.78

Full Name (Last, First, Middle Initial)

**C. PNC Merchant Services**

Mailing Address One PNC Plaza

City Pittsburgh State PA Zip Code 15265

Purpose of Disbursement  
credit card fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

03 / 31 / 2013

**Transaction ID : D506947**

Amount of Each Disbursement this Period

27.90

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

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

746.37

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PODER PAC**

Full Name (Last, First, Middle Initial)

**A. PNC Merchant Services**

Mailing Address One PNC Plaza

City Pittsburgh State PA Zip Code 15265

Purpose of Disbursement  
credit card fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D506948**

Amount of Each Disbursement this Period

**B. PNC Merchant Services**

Full Name (Last, First, Middle Initial)

Mailing Address One PNC Plaza

City Pittsburgh State PA Zip Code 15265

Purpose of Disbursement  
credit card fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D506949**

Amount of Each Disbursement this Period

**C. PNC Merchant Services**

Full Name (Last, First, Middle Initial)

Mailing Address One PNC Plaza

City Pittsburgh State PA Zip Code 15265

Purpose of Disbursement  
credit card fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : D506950**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PODER PAC**

Full Name (Last, First, Middle Initial)

**A. 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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D491534**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. 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

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D497551**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. D&P Creative Strategies, LLC**

Mailing Address 3520 Maple Court

City Falls Church State VA Zip Code 22041

Purpose of Disbursement  
mtg.exp. - see itemized

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D493460**

Amount of Each Disbursement this Period

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

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

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

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

FOR LINE NUMBER:  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**PODER PAC**

Full Name (Last, First, Middle Initial)

**A. Idea Express**

Mailing Address 297 Kingsburyt Grade  
Suite 182

City Lake Tahoe State NV Zip Code 89449

Purpose of Disbursement  
mtg. exp. - lanyards

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : D506954

Amount of Each Disbursement this Period

1	3	4	3	9
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Occasions Caterers**

Mailing Address 1655 Taylor Street NE

City Washington State DC Zip Code 20017

Purpose of Disbursement  
mtg. exp. - food

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : D506952

Amount of Each Disbursement this Period

5	5	5	5	0
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**C. Perfect Image Printing**

Mailing Address 5616 Columbia Pike

City Falls Church State VA Zip Code 22041

Purpose of Disbursement  
mtg. exp. - printing

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Transaction ID : D506953

Amount of Each Disbursement this Period

5	5	4	4	0
---	---	---	---	---

[MEMO ITEM]

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

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

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)  
**PODER PAC**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>A. Perfect Image Printing</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>20</td> <td></td> <td>2013</td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y	02		20		2013
M M M	/	D D D	/	Y Y Y Y Y Y									
02		20		2013									
Mailing Address 5616 Columbia Pike		<b>Transaction ID : D506951</b>											
City Falls Church	State VA	Zip Code 22041	Amount of Each Disbursement this Period										
Purpose of Disbursement mtg exp - printing	Category/Type		666.75										
Candidate Name	Disbursement For:		<b>[MEMO ITEM]</b>										
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General												
State: District:	<input type="checkbox"/> Other (specify) ▼												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>B.</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y									
Mailing Address		Amount of Each Disbursement this Period											
City	State	Zip Code											
Purpose of Disbursement	Category/Type												
Candidate Name	Disbursement For:												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General												
State: District:	<input type="checkbox"/> Other (specify) ▼												

Full Name (Last, First, Middle Initial)		Date of Disbursement											
<b>C.</b>		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y Y</td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </table>		M M M	/	D D D	/	Y Y Y Y Y Y					
M M M	/	D D D	/	Y Y Y Y Y Y									
Mailing Address		Amount of Each Disbursement this Period											
City	State	Zip Code											
Purpose of Disbursement	Category/Type												
Candidate Name	Disbursement For:												
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General												
State: District:	<input type="checkbox"/> Other (specify) ▼												

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	16698.11

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

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

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

NAME OF COMMITTEE (In Full)  
**PODER PAC**

Full Name (Last, First, Middle Initial)

### A. Ana Cubas for LA City Council (District 9)

Mailing Address 3700 Wilshire Blvd., Suite 1050A

City Los Angeles State CA Zip Code 90010

Purpose of Disbursement  
Nonfederal contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	25	/	2013

Transaction ID : D493525

Amount of Each Disbursement this Period

700.00
--------

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 M	/	D 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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

700.00
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700.00
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