

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)**USE FEC MAILING LABEL
OR TYPE OR PRINT**Example: If typing, type
over the lines

Latino PAC

ADDRESS (number and street)

555 Capitol Mall, Suite 1425

☐Check if different
than previously
reported. (ACC)

Sacramento

CA

95814

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00492033

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report(Q1)☐July 15
Quarterly Report(Q2)☐October 15
Quarterly Report(Q3)☐January 31
Quarterly Report(YE)☒July 31 Mid-Year
Report(Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the
State of(d) 30-Day
Post-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the
State of

5. Covering Period

01

01

2011

through

06

30

2011

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

Linda Macias

Signature of Treasurer

Electronically Filed by Linda Macias

Date

07

29

2011

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

Office
Use
Only**FEC FORM 3X**
(Rev. 12/2004)

SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
Latino PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	<div>2011</div>	<div>0.00</div>
(b) Cash on Hand at Beginning of Reporting Period	<div>0.00</div>	
(c) Total Receipts (from Line 19)	<div>17965.22</div>	<div>17965.22</div>
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<div>17965.22</div>	<div>17965.22</div>
7. Total Disbursements (from Line 31)	<div>12750.44</div>	<div>12750.44</div>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<div>5214.78</div>	<div>5214.78</div>
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D)	<div>0.00</div>	

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

For further information contact:

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

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

DETAILED SUMMARY PAGE OF RECEIPTS

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Latino PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	W	Y
0	1	0	1	2	0	1	1

To:

M	M	D	D	Y	Y	Y	Y
0	6	3	0	2	0	1	1

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)	7250.00	7250.00
(ii) Unitemized	625.00	625.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	7875.00	7875.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	10000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	17875.00	17875.00
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.)	90.22	90.22
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))	17965.22	17965.22
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	17965.22	17965.22

II. DISBURSEMENTS		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
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.....	7750.44	7750.44	
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➤	7750.44	7750.44	
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)	5000.00	5000.00	
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) ➤	5000.00	5000.00	
29. Other Disbursements.....	0.00	0.00	
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))..	12750.44	12750.44	
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12750.44	12750.44	

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)	17875.00	17875.00
34. Total Contribution Refunds (from Line 28(d))	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12875.00	12875.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	7750.44	7750.44
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	7750.44	7750.44

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

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

FOR LINE NUMBER: PAGE 6 / 11

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 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)

Latino PAC

A.

Full Name (Last, First, Middle Initial)

Eastern Band of Cherokee Indians

Mailing Address P.O. Box 455

City

Cherokee

State

NC

Zip Code

28719

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: INCA28

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

Mark E. Martinez

Mailing Address 4236 Black Butte Circle

City

Stockton

State

CA

Zip Code

95209

FEC ID number of contributing
federal political committee.

C

Name of Employer
Premier Security & Fire,
Inc.

Occupation

Business Owner

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 1

Transaction ID: INCA6

Amount of Each Receipt this Period

250.00

C.

Full Name (Last, First, Middle Initial)

Pinoleville Pomo Nation

Mailing Address 500 Pinoleville Road, Suite B

City

Ukiah

State

CA

Zip Code

95482

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y
0 2 / 0 4 / 2 0 1 1

Transaction ID: INCA9

Amount of Each Receipt this Period

2000.00

SUBTOTAL of Receipts This Page (optional)

7250.00

TOTAL This Period (last page this line number only)

7250.00

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 / 11

(check only one)

☐ 11a ☐ 11b ☒ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Latino PAC

A.

Full Name (Last, First, Middle Initial)

Baca, Friends of Joe

Mailing Address 555 Capitol Mall, Suite 1425

City	State	Zip Code
Sacramento	CA	95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

0.00

Date of Receipt

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

Transaction ID: INCA1

Amount of Each Receipt this Period

5000.00

B.

Full Name (Last, First, Middle Initial)

CALPAC - California Aggressive PAC

Mailing Address 555 Capitol Mall, Suite 1425

City	State	Zip Code
Sacramento	CA	95814

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

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

Transaction ID: INCA15

Amount of Each Receipt this Period

5000.00

SUBTOTAL of Receipts This Page (optional)

10000.00

TOTAL This Period (last page this line number only)

10000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 / 11

<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)
Latino PAC**A.**

Full Name (Last, First, Middle Initial)

Macias dba Joseph Macias & Associates, Inc., Joseph

Mailing Address 800 4th Street, SW, S720

City
WashingtonState
DCZip Code
20024Purpose of Disbursement
Car Rental and Baggage Fees

Candidate Name

002

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXPB3

Date of Disbursement

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

Amount of Each Disbursement this Period

378.43

B.

Full Name (Last, First, Middle Initial)

NGP VAN, Inc.

Mailing Address 1225 Eye Street, NW, Suite 1225

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Launch Website

Candidate Name

004

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXPB2

Date of Disbursement

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

Amount of Each Disbursement this Period

3900.00

C.

Full Name (Last, First, Middle Initial)

Olson Hagel & Fishburn LLP

Mailing Address 555 Capitol Mall, Suite 1425

City
SacramentoState
CAZip Code
95814Purpose of Disbursement
Legal & Reporting Services

Candidate Name

001

Category/
TypeOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXPB10

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	2	/	1	4	/	2	0	1	1

Amount of Each Disbursement this Period

1854.00

SUBTOTAL of Disbursements This Page (optional)

6132.43

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)

PAGE 9 / 11

<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)
Latino PAC

<p>A.</p> <p>Full Name (Last, First, Middle Initial) Olson Hagel & Fishburn LLP</p> <p>Mailing Address 555 Capitol Mall, Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Legal & Reporting Services</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>Transaction ID: EXPB19</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="3"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1111.38"/></p>
<p>B.</p> <p>Full Name (Last, First, Middle Initial) Olson Hagel & Fishburn LLP</p> <p>Mailing Address 555 Capitol Mall, Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Legal & Reporting Services</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>Transaction ID: EXPB24</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="4"/> / <input type="text" value="1"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="117.60"/></p>
<p>C.</p> <p>Full Name (Last, First, Middle Initial) Olson Hagel & Fishburn LLP</p> <p>Mailing Address 555 Capitol Mall, Suite 1425</p> <p>City Sacramento State CA Zip Code 95814</p> <p>Purpose of Disbursement Legal & Reporting Services</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>Transaction ID: EXPB27</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="1"/> <input type="text" value="3"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="1"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="111.40"/></p>

SUBTOTAL of Disbursements This Page (optional)

1340.38

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)

PAGE 10 / 11

<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)
Latino PAC

A.

Full Name (Last, First, Middle Initial)
Olson Hagel & Fishburn LLP

Mailing Address 555 Capitol Mall, Suite 1425

City State Zip Code
Sacramento CA 95814

Purpose of Disbursement
Legal & Reporting Services

Candidate Name

001
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Transaction ID: EXPB30

Date of Disbursement

/ /

Amount of Each Disbursement this Period

79.10

SUBTOTAL of Disbursements This Page (optional)

79.10

TOTAL This Period (last page this line number only)

7551.91

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 11 / 11

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

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NAME OF COMMITTEE (In Full)

Latino PAC

A.

Full Name (Last, First, Middle Initial)

Baca, Friends of Joe

Mailing Address 555 Capitol Mall, Suite 1425

City
Sacramento

State
CA

Zip Code
95814

Purpose of Disbursement
Refund of Contribution

Candidate Name
Baca, Friends of Joe

010
Category/
Type

Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Transaction ID: EXPB35

Date of Disbursement

MM / DD / YYYY
02 / 25 / 2011

Amount of Each Disbursement this Period

5000.00

SUBTOTAL of Disbursements This Page (optional)

5000.00

TOTAL This Period (last page this line number only)

5000.00