For Other Than An Authorized Committee
(Summary Page)

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
Hispanic PAC USA, Inc.

2. ADDRESS (number and street) ☐ Check if different than previously reported
C/O Local 1199 - 310 W. 43rd Street

CITY, STATE and ZIP CODE
New York, N.Y. 10036

2. FEC IDENTIFICATION NUMBER
C000250217

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

4. TYPE OF REPORT

(a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report
☐ October 15 Quarterly Report
☐ January 31 Year End Report
☐ July 31 Mid Year Report (Non-election Year Only)
☐ Termination Report

Monthly Report Due On:
☐ February 20 ☐ June 20 ☐ October 20
☐ March 20 ☐ July 20 ☐ November 20
☐ April 20 ☐ August 20 ☐ December 20
☐ May 20 ☐ September 20 ☐ January 31

☐ Twelfth day report preceding _____ (Type of Election) election on _____ in the State of _____

☐ Thirtieth day report following the General Election on _____ in the State of _____

(b) Is this Report an Amendment? ☐ YES ☒ NO

SUMMARY	COLUMN A This Period	COLUMN B Calendar Year-to-Date
5. Covering Period 4/16/94 through 7/15/94		
6. (a) Cash on Hand January 1, 19 94		$ 2,026.96
(b) Cash on Hand at Beginning of Reporting Period	$ 1,484.65	
(c) Total Receipts (from Line 19)	$ 2,500.00	$ 2,500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	$ 3,984.65	$ 4,526.96
7. Total Disbursements (from Line 30)	$ 2,537.11	$ 3,079.42
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	$ 1,447.84	$ 1,447.84
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	$ 0	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-219-3420

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

Signature of Treasurer

Date 7/29/94

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

FEC FORM 3X
(revised 9/93)

9 4 0 3 9 1 5 4 2 5 6

OF RECEIPTS AND DISBURSEMENTS
PAGE 2, FEC FORM 3X

(revised 1/1/91)

NAME OF COMMITTEE: Hispanic PAC USA, Inc.

REPORT COVERING PERIOD FROM 4/16/94 TO 7/15/94

	COLUMN A Total This Period	COLUMN B Calendar Year
I. Receipts		
11. Contributions (other than loans) From:		
a. Individual/Persons Other Than Political Committees	0	0
i. Itemized (use Schedule A)		
ii. Unitemized	0	0
iii. Total (add i and ii) ➤	0	0
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	2,500.00	2,500.00
d. Total Contributions (add a iii, b and c) ➤	2,500.00	2,500.00
12. Transfers From Affiliated/Other Party Committees	0	0
13. All Loans Received	0	0
14. Loan Repayments Received	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.)	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees	0	0
17. Other Federal Receipts (Dividends, Interest, etc.)	0	0
18. Transfers from Nonfederal Account for Joint Activity	0	0
19. Total Receipts (add 11d, 12, 13, 14, 15, 16, 17, and 18) ➤	2,500.00	2,500.00
20. Total Federal Receipts (subtract line 16 from line 19) ➤	2,500.00	2,500.00
II. Disbursements		
21. Operating Expenditures:		
a. Shared Federal/Non-Federal Activity (from Schedule H4)		
i. Federal Share		
ii. Non-Federal Share	500.00	500.00
b. Other Federal Operating Expenditures	500.00	500.00
c. Total Operating Expenditures (add a i, a ii, and b) ➤	37.11	79.42
22. Transfers to Affiliated/Other Party Committees	1,037.11	1,079.42
23. Contributions to Federal Candidates/Committees and Other Political Committees	0	0
24. Independent Expenditures (use Schedule E)	1,500.00	2,000.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F)	0	0
26. Loan Repayments Made	0	0
27. Loans Made	0	0
28. Refunds of Contributions To:	0	0
a. Individuals/Persons Other Than Political Committees		
b. Political Party Committees	0	0
c. Other Political Committees (such as PACs)	0	0
d. Total Contribution Refunds (add a, b and c) ➤	0	0
29. Other Disbursements	0	0
30. Total Disbursements (add 21c, 22, 23, 24, 25, 26, 27, 28d, and 29) ➤	2,537.11	3,079.42
31. Total Federal Disbursements (subtract line 21 a ii from line 30) ➤	2,037.11	2,579.42
III. Net Contributions/Operating Expenditures		
32. Total Contributions (other than loans)(from line 11d)	2,500.00	2,500.00
33. Total Contribution Refunds (from line 28d)	0	0
34. Net Contributions (other than loans)(subtract line 33 from 32)	2,500.00	2,500.00
35. Total Federal Operating Expenditures (add 21 a i and 21 b) ➤	537.11	579.42
36. Offsets to Operating Expenditures (from line 15)	0	0
37. Net Operating Expenditures (subtract line 36 from 35) ➤	537.11	579.42

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SCHEDULE A — ITEMIZED RECEIPTS

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

PAGE OF

FOR LINE NUMBER

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)

Hispanic PAC-USA Inc.

A. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Podfatry Political Action Cmte General Fund FEC #000008839 9312 Old Georgetown Road Bethesda, MD 20814-1621		5/27/94	$2,500.00
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $ 2,500.00		
B. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
C. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
D. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
E. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
F. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		
G. Full Name, Mailing Address and ZIP Code	Name of Employer / Occupation	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: ☐ Primary ☐ General ☐ Other (specify):	Aggregate Year-to-Date > $		

SUBTOTAL of Receipts This Page (optional) ____

TOTAL This Period (last page this line number only) ____

9 4 0 3 7 1 5 4 2 5 8

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE OF

FOR LINE NUMBER

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)
Hispanic PAC, USA Inc.

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Committee to Re-Elect Judge Gutlierez 457 Gum Street Navida, IDaho 83651	Re-Election Disbursement for: [ ] Primary [ ] General [ ] Other (specify) Judgeship	4/29/94	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Amalgamated Bank 11-15 Union Square New York, New York 10003	Service Charge Disbursement for: [ ] Primary [ ] General [X] Other (specify)	5/3/94	10.96
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Xavier Becerra for Congress 555 New Jersey Avenue NW#201 Washington, D.C. 20001	Re-Election Disbursement for: [ ] Primary [X] General [ ] Other (specify)	5/10/94	1,000.00
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Amalgamated Bank 11-15 Union Square New York, N.Y. 10003	Service Charge Disbursement for: [ ] Primary [ ] General [ ] Other (specify)	6/8/94	16.03
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Amalgamated Bank 11-15 Union Square New York, New York 10003	Service Charge Disbursement for: [ ] Primary [ ] General [X] Other (specify)		10.12
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
	Disbursement for: [ ] Primary [ ] General [ ] Other (specify)		

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

TOTAL This Period (last page this line number only) $1,537.11

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SCHEDULE H1
(revised 5/93)

METHOD OF ALLOCATION FOR SHARED FEDERAL AND NON-FEDERAL ADMINISTRATIVE EXPENSES AND GENERIC VOTER DRIVE COSTS

NAME OF COMMITTEE

Hispanic PAC, USA Inc.

NATIONAL PARTY COMMITTEES

FIXED FEDERAL PERCENTAGE (CHECK THE APPROPRIATE LINE AND ENTER % IN BOX TO RIGHT) ..... %

☐ PRESIDENTIAL YEAR (65%)

☐ ALL OTHER YEARS (60%)

HOUSE AND SENATE PARTY CAMPAIGN COMMITTEES

☐ MINIMUM FEDERAL PERCENTAGE (65%) (IF CHECKED, ENTER 65% IN BOX TO RIGHT) ..... %

OR

☐ FUNDS EXPENDED:

- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... %

ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... $ ..... %

ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... $

NOTE: FUNDS EXPENDED MUST BE USED IF THE FEDERAL PROPORTION IS GREATER THAN 65% IN ANY YEAR.

SEPARATE SEGREGATED FUNDS AND NON-CONNECTED COMMITTEES

FUNDS EXPENDED:

- ESTIMATED DIRECT CANDIDATE SUPPORT — FEDERAL ..... 50 %
- ESTIMATED DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... 50 %

ADJUSTMENTS TO FUNDS EXPENDED:

ACTUAL DIRECT CANDIDATE SUPPORT — FEDERAL ..... $ ..... %

ACTUAL DIRECT CANDIDATE SUPPORT — NON-FEDERAL ..... $

STATE AND LOCAL PARTY COMMITTEES

BALLOT COMPOSITION

CHECK ALL OFFICES APPEARING ON THE NEXT GENERAL ELECTION BALLOT:

		NUMBER OF POINTS
1. PRESIDENT	☐ (1 POINT)	
2. U.S. SENATE	☐ (1 POINT)	
3. U.S. CONGRESS	☐ (1 POINT)	
4. SUBTOTAL — FEDERAL (ADD 1, 2, AND 3)		
5. GOVERNOR	☐ (1 POINT)	
6. OTHER STATEWIDE OFFICE(S)	☐ (1 OR 2 POINTS)	
7. STATE SENATE	☐ (1 POINT)	
8. STATE REPRESENTATIVE	☐ (1 POINT)	
9. LOCAL CANDIDATES	☐ (1 OR 2 POINTS)	
10. EXTRA NON-FEDERAL POINT	☐ (1 POINT)	
11. SUBTOTAL — NON-FEDERAL (ADD 5, 6, 7, 8, 9, AND 10)		
12. TOTAL POINTS (LINE 4 PLUS LINE 11)		

FEDERAL ALLOCATION = LINE 4 DIVIDED BY LINE 12 ..... %

94031154260

SCHEDULE H2 **ALLOCATION RATIOS**
(effective 1/1/91)

NAME OF COMMITTEE
Hispanic PAC, USA, Inc.

ALLOCATION RATIOS FOR INDIVIDUAL FUNDRAISING EVENTS, EXEMPT ACTIVITIES, AND SHARED DIRECT CANDIDATE SUPPORT APPEARING ON THIS REPORT.

Methods of allocation:

I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.

II. **EXEMPT** activities are allocated using the "time and space method" where the federal proportion of disbursements is based on the proportion of time or space devoted to federal candidates.

III. Shared **DIRECT CANDIDATE** support activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

NAME OF ACTIVITY OR EVENT	FEDERAL %	NON-FEDERAL %
Radio Advertising - Fiesta Latina ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED	50%	50%
NAME OF ACTIVITY OR EVENT Radio Advertising - Fiesta Latina ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED	50%	50%
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %
NAME OF ACTIVITY OR EVENT ACTIVITY IS: ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT CHECK IF THE RATIO IS: ☐ NEW ☐ REVISED ☐ SAME AS PREVIOUSLY REPORTED	FEDERAL %	NON-FEDERAL %

DISBURSEMENT SCHEDULE HA (effective 1/1/91)

JOINT FEDERAL/NON-FEDERAL ACTIVITY SCHEDULE

PAGE 1 OF 1

FOR LINE 21a

DISBURSEMENT SCHEDULE B-T

NAME OF COMMITTEE
Hispanic PAC-Maryland

A. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
United Broadcasting Co. Inc. 4733 Bethesda Avenue Bethesda, Maryland 20814	Fundraiser Radio Ad	5/16/94	$300.00	$150.00	$150.00
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☒ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
B. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
United Broadcasting, Co. Inc. 4733 Bethesda Avenue Bethesda, Maryland 20814	Fund-raiser radio ad	6/23/94	$700.00	$350.00	$350.00
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
C. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
D. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
E. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
F. FULL NAME, MAILING ADDRESS & ZIP CODE	PURPOSE/EVENT	DATE	TOTAL AMOUNT	FEDERAL SHARE	NON-FEDERAL SHARE
CATEGORY: ☐ ADMINISTRATIVE/VOTER DRIVE ☐ FUNDRAISING ☐ EXEMPT ☐ DIRECT CANDIDATE SUPPORT EVENT YEAR-TO-DATE: $					
SUBTOTAL OF JOINT FEDERAL AND NON-FEDERAL ACTIVITY THIS PAGE					
TOTAL THIS PERIOD (last page for each line only)(Fed. share to 21 a.i and non-Fed. share to 21 a.ii)			$1,000.00	500.00	$500.00
TOTAL THIS PERIOD FOR THE NON-FEDERAL SHARE (used for line 21 of the detailed summary page)					

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The Commission has added this page to the end of this filing to indicate how it was received.

☐	Hand Delivered	DATE OF RECEIPT
☐	First Class Mail	POSTMARKED
☑	Registered/Certified Mail	POSTMARKED 8-01-94
☐	No Postmark	
☐	Postmark Illegible	
☐	Received from the House Office of Records and Registration	DATE OF RECEIPT
☐	Received from the Senate Office of Public Records	DATE OF RECEIPT
☐	Other (Specify):	POSTMARKED and/or DATE OF RECEIPT

MMR
PREPARER

8-05-94
DATE PREPARED

FEC FORM 70-2 (12/92)

9 4 0 3 9 1 5 4 2 6 3