

FEC FORM 9
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

Latinos for Reform

(b) Address (number and street) [] check if different than previously reported

P O Box 26366

(c) City, State and ZIP Code

Alexandria

VA

22313

2. FEC Identification Number

C C00000000

(d) Name of Employer or Principal Place of Business

(e) Occupation

3. Is This Statement

[X]

New

or

[]

Amended

4. Covering Period

10 / 25 / 2008

through

10 / 30 / 2008

5. (a) Date of Public Distribution(s) 10 / 30 / 2008

(b) Communication Title Obama and the Latino Community

6. The filer is a(n): (a) [] Individual (b) [X] Unincorporated Organization (c) [] Qualified Nonprofit Corporation (11 CFR 114.10)

(d) [] Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e) [] Other, specify:

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes [X]

No []

8. Custodian of Records

(a) Name

Robert dePosada

(b) Address (number and street)

205 N Berry Lane

(c) City, State and ZIP Code

Madison

VA

22727

(d) Name of Employer or Principal Place of Business

One Marketing & Research Inc

(e) Occupation

Owner

9. Total Donations This Statement

18000.00

10. Total Disbursements/Obligations This Statement

16271.75

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Robert dePosada

SIGNATURE Electronically Filed by Robert dePosada

DATE 10/30/2008

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

28039910262

SCHEDULE 9-A
Donation(s) Received

28039910263

A. Full Name of Donor			Date of Receipt		
Frank Dudenhefer			M	M	/
Mailing Address of Donor			D	D	/
601 Poydras Street			Y	Y	Y
Suite 2655			2008		
City			Amount		
New Orleans	State	Zip	10000.00		
	LA	70130	Transaction ID : F92.000001		

B. Full Name of Donor			Date of Receipt		
Mary Jean Duran			M	M	/
Mailing Address of Donor			D	D	/
5020 Camus Drive			Y	Y	Y
City			Amount		
Newport Beach	State	Zip	3500.00		
	CA	92660	Transaction ID : F92.000002		

C. Full Name of Donor			Date of Receipt		
Manuel Ramirez			M	M	/
Mailing Address of Donor			D	D	/
2100 Main Street			Y	Y	Y
Suite 210			Amount		
City			2500.00		
Irvine	State	Zip	Transaction ID : F92.000003		
	CA	92677			

D. Full Name of Donor			Date of Receipt		
Stevens S Ravins			M	M	/
Mailing Address of Donor			D	D	/
P O Box 311			Y	Y	Y
City			Amount		
Jericho	State	Zip	2000.00		
	NY	11753	Transaction ID : F92.000004		

SUBTOTAL of Donations This Page (optional).....	18000.00
TOTAL This Period (last page this line number only)..... (carry total from last page to Line 9)	18000.00

SCHEDULE 9-B
Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Hispanic Werx Inc					Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8					
Mailing Address of Payee 1280 Bison B-9 509					Amount 6000.00					
City Newport Beach		State CA		Zip Code 92660		Communication Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8				
Name of Employer					Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media buy - Obama and the Latino Communi										
Name of Federal Candidate			Office Sought:		House Senate President		State: District:		Disbursement/Obligation For: Primary General Other (specify) _____	
Name of Federal Candidate			Office Sought:		House Senate President		State: District:		Disbursement/Obligation For: Primary General Other (specify) _____	
Name of Federal Candidate			Office Sought:		House Senate President		State: District:		Disbursement/Obligation For: Primary General Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee Univision Radio Albuquerque					Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8					
Mailing Address of Payee 8009 Marle NE					Amount 1965.00					
City Albuquerque		State NM		Zip Code 87110		Communication Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8				
Name of Employer					Occupation					
Purpose of Disbursement (including title(s) of communication(s)) Media buy - Obama and the Latino Communi										
Name of Federal Candidate			Office Sought:		House Senate President		State: District:		Disbursement/Obligation For: Primary General Other (specify) _____	
Name of Federal Candidate			Office Sought:		House Senate President		State: District:		Disbursement/Obligation For: Primary General Other (specify) _____	
Name of Federal Candidate			Office Sought:		House Senate President		State: District:		Disbursement/Obligation For: Primary General Other (specify) _____	
SUBTOTAL of Disbursement/Obligation This Page (optional)					7965.00					
TOTAL This Period (last page this line number only) (carry total from last page to line 10)										

28039910264

**SCHEDULE 9-B
Disbursement(s) Made or Obligations**

A. Full Name (Last, First, Middle Initial) of Payee Univision Radio El Paso					Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 29 / 2008					
Mailing Address of Payee 2211 E Misouri Suite 300					Amount 1335.00					
City El Paso		State TX		Zip Code 79903		Communication Date M M / D D / Y Y Y Y 10 30 / 2008				
Name of Employer				Occupation		Transaction ID : F93.000003				
Purpose of Disbursement (including title(s) of communication(s)) Media buy - Obama and the Latino Communi										
Name of Federal Candidate			Office Sought:		House Senate President		State: District:		Disbursement/Obligation For: Primary General Other (specify) _____	
Name of Federal Candidate			Office Sought:		House Senate President		State: District:		Disbursement/Obligation For: Primary General Other (specify) _____	
Name of Federal Candidate			Office Sought:		House Senate President		State: District:		Disbursement/Obligation For: Primary General Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee Univision Radio Miami					Date of Disbursement or Obligation M M / D D / Y Y Y Y 10 29 / 2008					
Mailing Address of Payee 800 Douglas Road Annex Building Suite 111					Amount 3500.00					
City Coral Gables		State FL		Zip Code 33134		Communication Date M M / D D / Y Y Y Y 10 30 / 2008				
Name of Employer				Occupation		Transaction ID : F93.000004				
Purpose of Disbursement (including title(s) of communication(s)) Media buy - Obama and the Latino Communi										
Name of Federal Candidate			Office Sought:		House Senate President		State: District:		Disbursement/Obligation For: Primary General Other (specify) _____	
Name of Federal Candidate			Office Sought:		House Senate President		State: District:		Disbursement/Obligation For: Primary General Other (specify) _____	
Name of Federal Candidate			Office Sought:		House Senate President		State: District:		Disbursement/Obligation For: Primary General Other (specify) _____	
SUBTOTAL of Disbursement/Obligation This Page (optional)					4835.00					
TOTAL This Period (last page this line number only)					(carry total from last page to line 10)					

28039910265

**SCHEDULE 9-B
Disbursement(s) Made or Obligations**

A. Full Name (Last, First, Middle Initial) of Payee WACA-AM				Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8			
Mailing Address of Payee 11141 Georgia Avenue Suite 310				Amount 1400.00			
City Wheaton	State MD	Zip Code 20902		Communication Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8			
Name of Employer		Occupation		Transaction ID : F93.000005			

Purpose of Disbursement (including title(s) of communication(s)) Media buy - Obama and the Latino Communi							
Name of Federal Candidate	Office Sought:	House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____			
Name of Federal Candidate	Office Sought:	House Senate President	State: District:	Primary General Other (specify) _____			
Name of Federal Candidate	Office Sought:	House Senate President	State: District:	Primary General Other (specify) _____			

B. Full Name (Last, First, Middle Initial) of Payee WILCA -AM				Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8			
Mailing Address of Payee 13499 Baltimore Avenue Suite 200				Amount 1400.00			
City Laurel	State MD	Zip Code 20707		Communication Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8			
Name of Employer		Occupation		Transaction ID : F93.000006			

Purpose of Disbursement (including title(s) of communication(s)) Media buy - Obama and the Latino Communi							
Name of Federal Candidate	Office Sought:	House Senate President	State: District:	Disbursement/Obligation For: Primary General Other (specify) _____			
Name of Federal Candidate	Office Sought:	House Senate President	State: District:	Primary General Other (specify) _____			
Name of Federal Candidate	Office Sought:	House Senate President	State: District:	Primary General Other (specify) _____			

SUBTOTAL of Disbursement/Obligation This Page (optional)	2800.00
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	

28039910266

**SCHEDULE 9-B
Disbursement(s) Made or Obligations**

A. Full Name (Last, First, Middle Initial) of Payee MVI Post					Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8					
Mailing Address of Payee 6320 Castle Lace					Amount 288.75					
City Falls Church		State VA		Zip Code 22044		Communication Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8				
Name of Employer Occupation					Transaction ID : F93.000007					
Purpose of Disbursement (including title(s) of communication(s)) Media production - Obama and the Latino										
Name of Federal Candidate			Office Sought:		House Senate President		State: District:		Disbursement/Obligation For: Primary General Other (specify) _____	
Name of Federal Candidate			Office Sought:		House Senate President		State: District:		Disbursement/Obligation For: Primary General Other (specify) _____	
Name of Federal Candidate			Office Sought:		House Senate President		State: District:		Disbursement/Obligation For: Primary General Other (specify) _____	
B. Full Name (Last, First, Middle Initial) of Payee NBR Computer Consulting LLC					Date of Disbursement or Obligation M M / D D / Y Y Y Y 1 0 / 2 9 / 2 0 0 8					
Mailing Address of Payee 513 Highland Street South					Amount 383.00					
City Arlington		State VA		Zip Code 22204		Communication Date M M / D D / Y Y Y Y 1 0 / 3 0 / 2 0 0 8				
Name of Employer Occupation					Transaction ID : F93.000008					
Purpose of Disbursement (including title(s) of communication(s)) Website Maintenance - Obama and the Lati										
Name of Federal Candidate			Office Sought:		House Senate President		State: District:		Disbursement/Obligation For: Primary General Other (specify) _____	
Name of Federal Candidate			Office Sought:		House Senate President		State: District:		Disbursement/Obligation For: Primary General Other (specify) _____	
Name of Federal Candidate			Office Sought:		House Senate President		State: District:		Disbursement/Obligation For: Primary General Other (specify) _____	
SUBTOTAL of Disbursement/Obligation This Page (optional)					671.75					
TOTAL This Period (last page this line number only) (carry total from last page to line 10)					16271.75					

28039910267

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
 The FEC added this page to the end of this filing to indicate how it was received.

28039910268

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS First Class Mail	Postmarked
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
--	------------------

<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	

<input type="checkbox"/> USPS Express Mail	Postmarked
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<input type="checkbox"/> Postmark Illegible	
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<input type="checkbox"/> No Postmark	
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<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	

<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
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<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
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<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
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<input checked="" type="checkbox"/> Other (Specify): <i>Webform # 363</i>	Date of Receipt or Postmarked
<i>10/30/08</i>	

	<i>10/31/08</i>
PREPARER	DATE PREPARED