

**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**

**New**

or

**Amended**

**4. Covering Period**

<sup>M</sup> 10 / <sup>D</sup> 25 / <sup>Y</sup> 2008 <sup>Y</sup>

through

<sup>M</sup> 10 / <sup>D</sup> 30 / <sup>Y</sup> 2008 <sup>Y</sup>

**5. (a) Date of Public Distribution(s)** <sup>M</sup> 10 / <sup>D</sup> 30 / <sup>Y</sup> 2008 <sup>Y</sup>

**(b) Communication Title** Obama and the Latino Community

**6. The filer is a(n):** (a)  Individual (b)  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

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.

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