

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation PowerPac.org		3. FEC Identification Number <b>C</b> C90009853
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 201 Spear St Suite 1650		
(c) City, State and ZIP Code San Francisco CA 94105		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

- (a)  April 15 Quarterly Report  24-Hour Notice  48-Hour Notice
- July 15 Quarterly Report
- October Quarterly Report
- January 31 Year-End Report

(b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM 

M	M
0	2

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

THROUGH

M	M
0	2

 / 

D	D
0	3

 / 

Y	Y	Y	Y
2	0	0	8

6. TOTAL CONTRIBUTIONS .....	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">0.00</td></tr></table>	0.00
0.00		
7. TOTAL INDEPENDENT EXPENDITURES.....	<table border="1" style="width: 100%;"><tr><td style="text-align: center;">9912.68</td></tr></table>	9912.68
9912.68		

Under penalty of perjury, I certify that the independent expenditures reported herein were not made with the cooperation or prior consent of, or in constitution with, or at the request or suggestion of, a candidate or a candidate's agent or authorized committee or a political party committee or its agent. In addition, if the independent expenditures reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Lisa V Le		02/04/2008

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

For further information, contact:

Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)

PowerPac.org

Full Name (Last, First, Middle Initial) of Payee  
Language 411

Date

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 0 8

Mailing Address  
1300 Clay St Suite 600

Amount

125.00

City State Zip Code  
Oakland CA 94612

Purpose of Expenditure  
Translation of newspaper ad

Category/  
Type

Office Sought:  House State: CA  
Presidential  Senate District: \_\_\_\_\_  
 President

Check One:  Support  Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Barack Obama

Calendar Year-To-Date Per Election  
for Office Sought 125.00

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

Full Name (Last, First, Middle Initial) of Payee  
La Opinion

Date

M M / D D / Y Y Y Y  
0 2 / 0 3 / 2 0 0 8

Mailing Address  
700 S. Flower St.  
31st Floor

Amount

9912.68

City State Zip Code  
Los Angeles CA 90017

Purpose of Expenditure  
Newspaper ad

Category/  
Type

Office Sought:  House State: CA  
Presidential  Senate District: \_\_\_\_\_  
 President

Check One:  Support  Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:  
Barack Obama

Calendar Year-To-Date Per Election  
for Office Sought 9912.68

Disbursement For:  Primary  General  
 Other (specify) \_\_\_\_\_

(a) **SUBTOTAL** of Itemized Independent Expenditures .....

10037.68

(b) **SUBTOTAL** of Unitemized Independent Expenditures .....

(c) **TOTAL** Independent Expenditures .....  
(carry total from last page forward to Line 7)

10037.68