



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**PODER PAC**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		10688.26
(b) Cash on Hand at Beginning of Reporting Period.....	9878.96	
(c) Total Receipts (from Line 19) .....	10330.00	10960.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	20208.96	21648.26
7. Total Disbursements (from Line 31).....	7313.43	8752.73
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	12895.53	12895.53
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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)

Write or Type Committee Name

**PODER PAC**

Report Covering the Period: From: M M / D D / Y Y Y Y 04 / 01 / 2012 To: M M / D D / Y Y Y Y 06 / 30 / 2012

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).....	7300.00	7550.00
(ii) Unitemized .....	1030.00	1410.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	8330.00	8960.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	2000.00	2000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	10330.00	10960.00
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.).....	0.00	0.00
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 Transfers (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))..... ▶	10330.00	10960.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	10330.00	10960.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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 .....	5563.43	7002.73
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	5563.43	7002.73
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	1500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	250.00	250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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)) ..	7313.43	8752.73
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7313.43	8752.73

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	10330.00	10960.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	10330.00	10960.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	5563.43	7002.73
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	5563.43	7002.73

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

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

FOR LINE NUMBER: PAGE 6 OF 17  
(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)  
**PODER PAC**

**A. Patricia Campos-Medina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Bridge Hollow Rd  
 City State Zip Code  
 Califon NJ 07830-3217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Community Relations and Government Aff  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 12 / 2012  
**Transaction ID : C8631913**  
 Amount of Each Receipt this Period  
 250.00

**B. Patricia Campos-Medina**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 5 Bridge Hollow Rd  
 City State Zip Code  
 Califon NJ 07830-3217  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-Employed Community Relations and Government Aff  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 06 / 21 / 2012  
**Transaction ID : C8645108**  
 Amount of Each Receipt this Period  
 750.00

**c. Ingrid Duran**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3520 Maple Ct  
 City State Zip Code  
 Falls Church VA 22041-2016  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 D&P Creative Strategies, LLC Business Owner  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 1000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 04 / 09 / 2012  
**Transaction ID : C8132475**  
 Amount of Each Receipt this Period  
 1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2000.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**PODER PAC**

**A. Nely Galan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 578 Washington Blvd # 816  
 City Marina Del Rey State CA Zip Code 90292-5442  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Self Occupation Galan Entertainment  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 06 / 19 / 2012  
**Transaction ID : C8640491**  
 Amount of Each Receipt this Period  
 1000.00  
 Aggregate Year-to-Date  
 1000.00

**B. Grace Garcia**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3100 Connecticut Ave NW Apt 324  
 City Washington State DC Zip Code 20008-5101  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dept. of State Occupation Federal Employee  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 06 / 17 / 2012  
**Transaction ID : C8638573**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date  
 250.00

**C. Letitia Gomez**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 1720 Euclid St NW  
 City Washington State DC Zip Code 20009-2840  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dept of Navy Occupation Manager  
 Receipt For:  Primary  General  Other (specify)

Date of Receipt  
 06 / 18 / 2012  
**Transaction ID : C8640257**  
 Amount of Each Receipt this Period  
 250.00  
 Aggregate Year-to-Date  
 250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1500.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 17
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**PODER PAC**

**A. Susan Gonzales**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 33 Park Ter  
 City Mill Valley State CA Zip Code 94941-2949  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Facebook Occupation Community Engagement  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 06 / 14 / 2012  
**Transaction ID : C8636643**  
 Amount of Each Receipt this Period  
**250.00**

**B. Cynthia Jasso-Rotunno**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 531 8th Street, NE  
 City Washington State DC Zip Code 20002  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dewey Square Group Occupation Principal  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **250.00**

Date of Receipt  
 06 / 27 / 2012  
**Transaction ID : C8666228**  
 Amount of Each Receipt this Period  
**250.00**

**C. Lydia Madrigal**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address #4 Bay Meadows  
 City Midland State TX Zip Code 79705  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Express Nursing Home Health Care Servi Occupation Owner/CEO  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **1000.00**

Date of Receipt  
 06 / 27 / 2012  
**Transaction ID : C8666226**  
 Amount of Each Receipt this Period  
**1000.00**

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>1500.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PODER PAC**

Full Name (Last, First, Middle Initial) <b>A. Joelle Martinez</b>		Date of Receipt MM / DD / YYYY 06 / 21 / 2012 <b>Transaction ID : C8645388</b>
Mailing Address 7406 S Curtice Ct		Amount of Each Receipt this Period 100.00
City Littleton	State CO	Zip Code 80120-3951
FEC ID number of contributing federal political committee. C		
Name of Employer Self	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00	

Full Name (Last, First, Middle Initial) <b>B. Maria Mercedes Olivieri</b>		Date of Receipt MM / DD / YYYY 04 / 07 / 2012 <b>Transaction ID : C8131237</b>
Mailing Address 7027 Veering Ln		Amount of Each Receipt this Period 50.00
City Burke	State VA	Zip Code 22015-4445
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name (Last, First, Middle Initial) <b>C. Maria Mercedes Olivieri</b>		Date of Receipt MM / DD / YYYY 05 / 07 / 2012 <b>Transaction ID : C8584154</b>
Mailing Address 7027 Veering Ln		Amount of Each Receipt this Period 50.00
City Burke	State VA	Zip Code 22015-4445
FEC ID number of contributing federal political committee. C		
Name of Employer Self-Employed	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 10 OF 17  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**PODER PAC**

Full Name (Last, First, Middle Initial)  
**A. Maria Mercedes Olivieri**

Mailing Address 7027 Veering Ln

City State Zip Code  
Burke VA 22015-4445

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
Self-Employed Consultant

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 07 / 2012  
**Transaction ID : C8625722**

Amount of Each Receipt this Period  
50.00

Full Name (Last, First, Middle Initial)  
**B. Betty Paugh**

Mailing Address 1010 Massachusetts Ave NW  
Unit 1010

City State Zip Code  
Washington DC 20001-5415

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
BPO Consulting President

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 11 / 2012  
**Transaction ID : C8631214**

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Catherine Pino**

Mailing Address 3520 Maple Ct

City State Zip Code  
Falls Church VA 22041-2016

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation  
D&P Creative Strategies, LLC Business Owner

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 13 / 2012  
**Transaction ID : C8633763**

Amount of Each Receipt this Period  
1000.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1300.00

**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 17
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PODER PAC**

Full Name (Last, First, Middle Initial) <b>A. Maria Rivera</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2012 <b>Transaction ID : C8666230</b>
Mailing Address 3500 Mystic Pointe Drive Apartment 2604		Amount of Each Receipt this Period 500.00
City Miami	State FL	Zip Code 33180-2584
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Mpowerment Works	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>B. Maria Rivera</b>		Date of Receipt MM / DD / YYYY 06 / 27 / 2012 <b>Transaction ID : C8666233</b>
Mailing Address 3500 Mystic Pointe Drive Apartment 2604		Amount of Each Receipt this Period 300.00
City Miami	State FL	Zip Code 33180-2584
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Mpowerment Works	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 800.00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7300.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 12 OF 17
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PODER PAC**

Full Name (Last, First, Middle Initial)  
**A. Charles A. Gonzalez Congressional Campaign**

Mailing Address P.O. Box 12612

City San Antonio State TX Zip Code 78212-0612

FEC ID number of contributing federal political committee. **C** C00330084

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 04 / 2012  
**Transaction ID : C8622545**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**B. Comcast Corporation Political Action Committee**

Mailing Address 1701 JFK Boulevard

City Philadelphia State PA Zip Code 19103

FEC ID number of contributing federal political committee. **C** C00248716

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 28 / 2012  
**Transaction ID : C8668115**

Amount of Each Receipt this Period  
1000.00

Full Name (Last, First, Middle Initial)  
**C.**

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2000.00

**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)

<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)  
**PODER PAC**

Full Name (Last, First, Middle Initial)

**A. Credit Union House**

Mailing Address 403 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
meeting expense- room rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D436474**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. Credit Union House**

Mailing Address 403 C Street, NE

City Washington State DC Zip Code 20002

Purpose of Disbursement  
meeting expense- room rental, linen rental

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D439312**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**C. D&P Creative Strategies, LLC**

Mailing Address 3520 Maple Court

City Falls Church State VA Zip Code 22041

Purpose of Disbursement  
meeting expense- airfare, speaker fee

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

/  /

**Transaction ID : D439314**

Amount of Each Disbursement this Period

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

**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)

<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)  
**PODER PAC**

Full Name (Last, First, Middle Initial)

**A. Express EMPS**

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement  
credit card fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
04 / 30 / 2012

Transaction ID : D440751

Amount of Each Disbursement this Period

33.71

Full Name (Last, First, Middle Initial)

**B. Express EMPS**

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement  
credit card fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
05 / 31 / 2012

Transaction ID : D440752

Amount of Each Disbursement this Period

33.50

Full Name (Last, First, Middle Initial)

**C. Express EMPS**

Mailing Address P.O. Box 6600

City Hagerstown State MD Zip Code 21740

Purpose of Disbursement  
credit card fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
06 / 30 / 2012

Transaction ID : D440759

Amount of Each Disbursement this Period

161.02

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

**TOTAL** This Period (last page this line number only)..... ▶

228.23

**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)

<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)  
**PODER PAC**

Full Name (Last, First, Middle Initial)

**A. NGP Software, Inc.**

Mailing Address 1225 Eye Street, NW Suite 1225

City Washington State DC Zip Code 20005

Purpose of Disbursement computer software

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 05 / 02 / 2012

**Transaction ID : D432997**

Amount of Each Disbursement this Period: 1200.00

Category/Type

Full Name (Last, First, Middle Initial)

**B. NGP Van, Inc.**

Mailing Address 1101 15th Street, NW Suite 500

City Washington State DC Zip Code 20005

Purpose of Disbursement campaign software

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 06 / 28 / 2012

**Transaction ID : D439315**

Amount of Each Disbursement this Period: 1220.00

Category/Type

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

Amount of Each Disbursement this Period

Category/Type

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2420.00

**TOTAL** This Period (last page this line number only)..... ▶ 5563.43

# 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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)  
**PODER PAC**

Full Name (Last, First, Middle Initial)

## A. Committee to Elect Michelle Lujan Grisham

Mailing Address 2015 Dietz Place NW

City Albuquerque State NM Zip Code 87107

Purpose of Disbursement  
contribution

Candidate Name  
**Michelle Lujan Grisham**

Office Sought:  House  
 Senate  
 President  
State: NM District: 01

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		19		2012

Transaction ID : **D439310**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

## B. Ducheny for Congress

Mailing Address 2168 Logan Avenue

City San Diego State CA Zip Code 92113

Purpose of Disbursement  
contribution

Candidate Name  
**Denise Moreno Ducheny**

Office Sought:  House  
 Senate  
 President  
State: CA District: 51

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2012

Transaction ID : **D428561**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

## C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
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Amount of Each Disbursement this Period

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

**TOTAL** This Period (last page this line number only)..... ▶

1500.00
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1500.00
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**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)

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

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NAME OF COMMITTEE (In Full)  
**PODER PAC**

Full Name (Last, First, Middle Initial)

**A. Michele Martinez for Assembly 2012**

Mailing Address 217 N. Main Street,  
Suite 116

City Santa Ana State CA Zip Code 92701

Purpose of Disbursement  
contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
04 / 16 / 2012

**Transaction ID : D431821**

Amount of Each Disbursement this Period

250.00

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y

Amount of Each Disbursement this Period

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

**TOTAL** This Period (last page this line number only)..... ▶

250.00

250.00