HAND DELIVERED

RECEIVED FEC MAIL CENTER

Committee Name:	ZUIB AUG 10 AP 10: 1
El Super PAC Voto Latino	
If registered, FEC ID:	·
Today's Date:	
8/09/2016	
Federal Election Commission	
999 E Street, N.W.	
Washington, D.C. 20463	
Re: Form 1, Statement of Organization—	Unlimited Contributions
To Whom It May Concern:	
This committee intends to make independ	dent expenditures, and consistent with
the U.S. Court of Appeals for the District	
SpeechNow v. FEC, it therefore intends t	
committee will not use those funds to ma or via coordinated communications, to fe	
Respectfully submitted,	
Rult Ral	
Treasurer's Name:	
Robert Raben	, Treasurer

2076 · 08 · 10 · 0M · 00094M67

FEC FORM 1

HAND DELIVERED STATEMENT OF ORGANIZATION

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2016 ALJ G.J G., AM 10: 17

NAME OF COMMITTEE (in full)	(Check if name is changed)	Example:If typing, type over the lines.	12FE4M5		
El Super PAC Voto Latino					
ADDRESS (number and street)	700 13th Str	eet, NW			
(Check if address is changed)	Suite 600 Washington		DC 2	20005	
		СІТҮ	STATE	ZIP CODE	
COMMITTEE'S E-MAIL ADDRES	•	-mail address) perkinscoje.co	\mathbf{m}_{++++}		
(Check if address is changed)					
COMMITTEE'S WEB PAGE ADD (Check if address is changed)	PRESS (URL)	 	<u> </u>		
2. DATE 8 2	2016				
3. FEC IDENTIFICATION NUMBER					
4. IS THIS STATEMENT	NEW (N) OR	AMENDED (A)			
I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Robert Raben					
Type or Print Name of Trèasurer Signature of Treasurer	Pult Ro	l	Date 08	′ <mark>09</mark> ′ <u>2016</u> ′	
NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.					
Office Use Only		For further information Federal Election Commis Toll Free 800-424-9530		FEC FORM 1 (Revised 02/2009)	

1	F	EC Fo	rm 1 (Revised 02/2009) Page 2	ı
5.			OMMITTEE	_
	Cano	didate	e Committee:	
	(a)		This committee is a principal campaign committee. (Complete the candidate information below.)	
V.	(b)		This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candidate information below.)	
	Name of Candidate			
	Candi Party	date Affiliati	on Office State President District	
	(c)		This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name Candi			لـ
	Part	y Con	nmittee:	
	(d)		This committee is a (National, State or subordinate) committee of the (Democratic, Republican, etc.) Part	y.
	Polit	ical A	ction Committee (PAC):	
	(e) ·		This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization is	a:
			Corporation Corporation w/o Capital Stock Labor Organization	
			Membership Organization Trade Association Cooperative	
			In addition, this committee is a Lobbyist/Registrant PAC.	
	(f)	\times	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund or part committee. (i.e., nonconnected committee)	y
			In addition, this committee is a Lobbyist/Registrant PAC.	
			In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
	Joint	Func	draising Representative:	
	(g)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, at least one of which is an authorized committee of a federal candidate.	
	(h)		This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more political committees/organizations, none of which is an authorized committee of a federal candidate.	
	Committees Participating in Joint Fundraiser			,
		1.	FEC ID number C]
		2.	FEC ID number	
		3.	FEC ID number C	
•		4.	FEC ID number C	

Write or Type Committee Name					
El Super PAC Voto Latino					
6. Name of Any Connected	Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor				
None	<u> </u>				
Mailing Address					
	CITY STATE ZIP CODE				
Relationship: Connec	ted Organization Affiliated Committee Joint Fundraising Representative Leadership PAC Sponsor				
 Custodian of Records: lo books and records. 	dentify by name, address (phone number optional) and position of the person in possession of committee				
Full Name Robe	ert Raben				
Mailing Address	700 13th Street, NW				
Walling Addition	Suite 600				
	Washington DC 20005				
Title or Position	CITY STATE ZIP CODE				
Treasurer	Telephone number				
B. Treasurer: List the name any designated agent (e.g.	and address (phone number optional) of the treasurer of the committee; and the name and address of assistant treasurer).				
Full Name of Treasurer	ert Raben				
Mailing Address	700 13th Street, NW				
	Suite 600				
	Washington DC 20005				
Title or Position Treasurer	CITY STATE ZIP CODE Telephone number				

2016:08:10:08:00094870

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	8/10/16	
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No Postmark		
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	Next Business Day Delivery	
Received from House Records & Registrati	Date of Receipt on Office	
Received from Senate Public Records Office	Date of Receipt e	
Received from Electronic Filing Office	Date of Receipt	
Other (Specify):	Date of Receipt or Postmarked	
g _V	8/10/16	
PREPARÉR (2/2015)	DATE PREPARED	
(3/2015)		