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FEC FORM 1	STATEMEI ORGANIZ			PAGE 1 / 5
		— — — — — — — — — — — — — — — — — — —		Office Use Only
1. NAME OF COMMITTEE (in full)	(Check if name is changed)	Example: If typing, type over the lines.	12FE4M5	
PODER PAC				
ADDRESS (number and street)	6601 Rannoch Road			
(Check if address is changed)				
Is changed)	Bethesda		MD 20	817
			STATE A	ZIP CODE
COMMITTEE'S E-MAIL ADDR	ESS			
(Check if address	catherine@poderpac.c	om		1
is changed)				
	Optional Second E-Mail Add			
COMMITTEE'S WEB PAGE AI (Check if address is changed)	DDRESS (URL) http://www.poderpac.com			
2. DATE 06 / D	19 / Y Y Y Y 2017			
3. FEC IDENTIFICATION N	NUMBER ► C c	00452276		
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	d complete.
	Dino. Cothorino			
Type or Print Name of Treasur	er Pino, Catherine, , ,			
Signature of Treasurer	o, Catherine, , ,	[Electronically Filed]	Date 06	/ D D / Y Y Y Y 19 2017
NOTE: Submission of false, error	neous, or incomplete information ANY CHANGE IN INFORMATI	may subject the person signing t ON SHOULD BE REPORTED W		e penalties of 2 U.S.C. §437g.
Office Use Only		For further information c Federal Election Commissi Toll Free 800-424-9530 Local 202-694-1100		FEC FORM 1 (Revised 06/2012)

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FEC For	rm 1 (Revised 02/2009) Page 2	
TYPE OF C	OMMITTEE	
Candidate	e Committee:	
(a)	This committee is a principal campaign committee. (Complete the candidate information below.)	
(b)	This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the candio information below.)	date
Name of Candidate		
Candidate Party Affiliatio	on Office Sought: House Senate President District	
(C)	This committee supports/opposes only one candidate, and is NOT an authorized committee.	
Name of Candidate		
Party Com	nmittee:	
(d)	This committee is a(National, State or subordinate) committee of the(Democratic, Republican, etc	.) Par
Political A	ction Committee (PAC):	
(e)	This committee is a separate segregated fund. (Identify connected organization on line 6.) Its connected organization on line 6.)	ation is
	Corporation Corporation w/o Capital Stock Labor Organiz	
	Membership Organization Trade Association Cooperative	
	In addition, this committee is a Lobbyist/Registrant PAC.	
(f) x	This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated fund committee. (i.e., nonconnected committee)	or par
	In addition, this committee is a Lobbyist/Registrant PAC.	
	In addition, this committee is a Leadership PAC. (Identify sponsor on line 6.)	
Joint Fund	Iraising Representative:	
(g)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, at least one of which is an authorized committee of a federal candidate.	cal
(h)	This committee collects contributions, pays fundraising expenses and disburses net proceeds for two or more politic committees/organizations, none of which is an authorized committee of a federal candidate.	cal
Com	mittees Participating in Joint Fundraiser	
1.	FEC ID number	
2.	FEC ID number	
3.	FEC ID number	
4.	FEC ID number	

FEC Form 1 (Revised 02/2009)

Page 3

Write or Type Committee Name

PODER PAC

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

none				
Mailing Address				
		CITY	STATE	ZIP CODE
Relationship: Connect	ed Organization	Affiliated Committee	Joint Fundraising Representative	Leadership PAC Sponsor
 Custodian of Records: Ide books and records. 	entify by name, a	ddress (phone number	optional) and position of the person in	n possession of committee

Pino, Cath	erine, M, ,
Full Name	
Mailing Address	6601 Rannoch Road
	[
	Bethesda MD 20817
Title or Position	CITY STATE ZIP CODE
Treasurer	202 459 3632

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	Pino, Catherine, M, ,
Mailing Address	6601 Rannoch Road
	Bethesda
	CITY STATE ZIP CODE
Title or Position Secretary	Telephone number 202 - 459 - 3632

FEC Form 1 (Revised 02/2009)

Full Name of Designated Agent	Duran, Ingrid, , ,	
Mailing Address	6601 Rannoch Road	
	Bethesda	
	CITY STATE ZIP CODE	
Title or Position	Telephone number	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, Depository, etc.

Cardina	al Bank		
Mailing Address	4115 Annandale Road		
	Annandale	VA 22003 -	
	CITY	STATE ZIP CODE	
Name of Bank, Depository, e	etc.		
PNC			
	7235 Wisconsin Ave		
Mailing Address			
	Bethesda	MD 20814	
	CITY	STATE ZIP CODE	

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FEC Form 1S (Revised 02/20	Optional Supplemental17)for Lines 5(g) or (h), 6,		Page _5_ of 5
5(g) or (h). Joint Fundraising	Participant:		
1. 🛛 📋 👘 👘 👘		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	С
6. Name of Any Connected O	rganization, Affiliated Committee, Joint Fun	draising Representative	, or Leadership PAC Sponsor
Mailing Address			
Relationship:	CITY 🔺	STATE 🔺	ZIP CODE
Connected	Organization Affiliated Committee Jo	int Fundraising Representa	tive Leadership PAC Sponsor
8. Designated Agent: Identify I	by name, address (phone number - optional)		
Full Name			
Mailing Address			
TITLE OR POSITION	CITY A	STATE 🔺	ZIP CODE
		Telephone Number	

9. Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.

Name of Bank, United	Bank																
Mailing Address	7315 Wisconsin Ave							1	1								
	Bethesda						M	ID 		208	314				- [
		CITY 🔺				ST	ATE	E 🔺				ZIF	P C	OD	E 🔺	1	I