

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**

**PODER PAC**

ADDRESS (number and street) **6601 RANNOCH ROAD**

Check if different than previously reported. (ACC) **BETHESDA MD 20817**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

**C C00452276** 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

- Feb 20 (M2)
- Mar 20 (M3)
- Apr 20 (M4)
- May 20 (M5)
- Jun 20 (M6)
- Jul 20 (M7)
- Aug 20 (M8)
- Sep 20 (M9)
- Oct 20 (M10)
- Nov 20 (M11) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

- Primary (12P)
- General (12G)
- Runoff (12R)
- Convention (12C)
- Special (12S)

Election on  /  /  in the State of

(d) 30-Day POST-Election Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on  /  /  in the State of

5. Covering Period  /  /  2024 through  /  /  2024

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer **Pino, Catherine, , ,**

Signature of Treasurer **Pino, Catherine, , ,** Date  /  /  2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2024"/>		<input type="text" value="225625.27"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="225625.27"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="7525.00"/>	<input type="text" value="7525.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="233150.27"/>	<input type="text" value="233150.27"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="36635.74"/>	<input type="text" value="36635.74"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="196514.53"/>	<input type="text" value="196514.53"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information, contact the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

PODER PAC

Report Covering the Period: From: 01 / 01 / 2024 To: 03 / 31 / 2024

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).....	7500.00	7500.00
(ii) Unitemized .....	25.00	25.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7525.00	7525.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	7525.00	7525.00
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)).....▶	7525.00	7525.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7525.00	7525.00

**DETAILED SUMMARY PAGE**

of Disbursements

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 .....	1961.80	1961.80
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	1961.80	1961.80
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	24673.94	24673.94
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	36635.74	36635.74
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	36635.74	36635.74

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	7525.00	7525.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	7525.00	7525.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	1961.80	1961.80
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	1961.80	1961.80

# 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 16  
 (check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input 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

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**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**A. Baltazar, Lisa Gina, , ,**

Mailing Address 201 E 25th St  
Apt 9D

City New York State NY Zip Code 10010-3006

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

Name of Employer (for Individual) Zurich Global Life North America Occupation (for Individual) Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 11 / 2024

**Transaction ID : 16797525**

Amount of Each Receipt this Period  
2500.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**B. French Gates, Melinda, , ,**

Mailing Address 6000 Carillon Pt

City Kirkland State WA Zip Code 98033-7451

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

Name of Employer (for Individual) Pivotal Ventures Occupation (for Individual) philanthropist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 22 / 2024

**Transaction ID : 16797527**

Amount of Each Receipt this Period  
5000.00

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**C.**

Mailing Address

City State Zip Code

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

Name of Employer (for Individual) Occupation (for Individual)

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

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7500.00

# 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"/> 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**

**A. ACTBLUE**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

Purpose of Disbursement credit card fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 17 / 2024

FEC Identification Number: C

Transaction ID : 500072197

Amount of Each Disbursement this Period: 98.75

Memo Item

**B. ACTBLUE**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 441146

City West Somerville State MA Zip Code 02144-0031

Purpose of Disbursement credit card fee

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 03 / 24 / 2024

FEC Identification Number: C

Transaction ID : 500072196

Amount of Each Disbursement this Period: 197.50

Memo Item

**C. NGP Van, Inc. / EveryAction Inc**

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 392264

City Pittsburgh State PA Zip Code 15251-9264

Purpose of Disbursement campaign software

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 01 / 24 / 2024

FEC Identification Number: C

Transaction ID : 500068998

Amount of Each Disbursement this Period: 1240.55

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1536.80

**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"/> 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**

**A.** Full Name (Last, First, Middle Initial)  
**Utrecht, Kleinfeld, Fiori, Clark, Partners**

Date of Disbursement:  /  /

Mailing Address: 1634 I St NW  
Ste 1250

City: Washington State: DC Zip Code: 20006-4096

Purpose of Disbursement: legal fees

Candidate Name:

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number:   
**Transaction ID : 500071348**

Amount of Each Disbursement this Period:

Memo Item

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

Date of Disbursement:  /  /

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number:

Amount of Each Disbursement this Period:

Memo Item

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

Date of Disbursement:  /  /

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

FEC Identification Number:

Amount of Each Disbursement this Period:

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<input type="text" value="225.00"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="1761.80"/>



# 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"/> 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. EMILY RANDALL FOR CONGRESS

Mailing Address PO Box 1883

City: Port Orchard, State: WA, Zip Code: 98366-0680

Purpose of Disbursement: contribution

Candidate Name: RANDALL, EMILY, . .

Office Sought:  House,  Senate,  President  
State: WA, District: 06

Disbursement For: 2024  
 Primary,  General,  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
03 / 25 / 2024

FEC Identification Number

C C00857094

Transaction ID : 500071347

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. LUZ RIVAS FOR CONGRESS

Mailing Address 1611 Camden Ave  
Apt 106

City: Los Angeles, State: CA, Zip Code: 90025-3500

Purpose of Disbursement: contribution

Candidate Name: RIVAS, LUZ, . .

Office Sought:  House,  Senate,  President  
State: CA, District: 29

Disbursement For: 2024  
 Primary,  General,  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
02 / 15 / 2024

FEC Identification Number

C C00857417

Transaction ID : 500069994

Amount of Each Disbursement this Period

5000.00

Memo Item

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

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

10000.00

10000.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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) <b>A. Castanon, Rita, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2024	
Mailing Address 764 11th St SE		FEC Identification Number <b>C</b>	
City Washington	State DC	Zip Code 20003-2810	<b>Transaction ID : 500072184</b>
Purpose of Disbursement payroll		Category/ Type	Amount of Each Disbursement this Period 135.92
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Castanon, Rita, , ,</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2024	
Mailing Address 764 11th St SE		FEC Identification Number <b>C</b>	
City Washington	State DC	Zip Code 20003-2810	<b>Transaction ID : 500072185</b>
Purpose of Disbursement payroll		Category/ Type	Amount of Each Disbursement this Period 651.16
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. Castanon, Rita, , ,</b>		Date of Disbursement MM / DD / YYYY 03 / 01 / 2024	
Mailing Address 764 11th St SE		FEC Identification Number <b>C</b>	
City Washington	State DC	Zip Code 20003-2810	<b>Transaction ID : 500072188</b>
Purpose of Disbursement payroll		Category/ Type	Amount of Each Disbursement this Period 651.15
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1438.23
<b>TOTAL</b> 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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**

**A. Castanon, Rita, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 764 11th St SE

City Washington State DC Zip Code 20003-2810

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 15 / 2024

FEC Identification Number C

Transaction ID : 500072189

Amount of Each Disbursement this Period 651.16

Memo Item

**B. Castanon, Rita, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 764 11th St SE

City Washington State DC Zip Code 20003-2810

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 29 / 2024

FEC Identification Number C

Transaction ID : 500072190

Amount of Each Disbursement this Period 651.14

Memo Item

**C. House of Blues**

Full Name (Last, First, Middle Initial)

Mailing Address 329 N Dearborn St

City Chicago State IL Zip Code 60654-2681

Purpose of Disbursement meeting expense - deposit

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 08 / 2024

FEC Identification Number C

Transaction ID : 500071454

Amount of Each Disbursement this Period 17676.66

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 18978.96

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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**

**A. PAYCHEX, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 30 Knightsbridge Rd  
Ste 5

City Piscataway State NJ Zip Code 08854-3948

Purpose of Disbursement payroll fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 01 / 08 / 2024

FEC Identification Number C  
Transaction ID : 500072181  
Amount of Each Disbursement this Period 88.38

Memo Item

**B. PAYCHEX, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 30 Knightsbridge Rd  
Ste 5

City Piscataway State NJ Zip Code 08854-3948

Purpose of Disbursement payroll fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 02 / 05 / 2024

FEC Identification Number C  
Transaction ID : 500072187  
Amount of Each Disbursement this Period 141.63

Memo Item

**C. PAYCHEX, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 30 Knightsbridge Rd  
Ste 5

City Piscataway State NJ Zip Code 08854-3948

Purpose of Disbursement payroll fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 02 / 16 / 2024

FEC Identification Number C  
Transaction ID : 500072186  
Amount of Each Disbursement this Period 46.13

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 276.14

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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) <b>A. PAYCHEX, Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 04 / 2024	
Mailing Address 30 Knightsbridge Rd Ste 5		FEC Identification Number <b>C</b>	
City Piscataway	State NJ	Zip Code 08854-3948	<b>Transaction ID : 500072194</b>
Purpose of Disbursement payroll fee		Category/ Type	Amount of Each Disbursement this Period 46.13
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX, Inc.</b>		Date of Disbursement MM / DD / YYYY 03 / 18 / 2024	
Mailing Address 30 Knightsbridge Rd Ste 5		FEC Identification Number <b>C</b>	
City Piscataway	State NJ	Zip Code 08854-3948	<b>Transaction ID : 500072195</b>
Purpose of Disbursement payroll fee		Category/ Type	Amount of Each Disbursement this Period 46.13
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C. PNC Business Checking</b>		Date of Disbursement MM / DD / YYYY 01 / 02 / 2024	
Mailing Address 7235 Wisconsin Ave		FEC Identification Number <b>C</b>	
City Bethesda	State MD	Zip Code 20814-4803	<b>Transaction ID : 500072178</b>
Purpose of Disbursement Service Charge		Category/ Type	Amount of Each Disbursement this Period 30.00
Candidate Name			<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	122.26
<b>TOTAL</b> 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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) <b>A. PNC Business Checking</b>		Date of Disbursement MM / DD / YYYY 01 / 05 / 2024
Mailing Address 7235 Wisconsin Ave		FEC Identification Number C [ ] <b>Transaction ID : 500072179</b>
City Bethesda	State MD	Zip Code 20814-4803
Purpose of Disbursement payroll withholding tax		Amount of Each Disbursement this Period [ ] 823.77
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PNC Business Checking</b>		Date of Disbursement MM / DD / YYYY 02 / 02 / 2024
Mailing Address 7235 Wisconsin Ave		FEC Identification Number C [ ] <b>Transaction ID : 500072182</b>
City Bethesda	State MD	Zip Code 20814-4803
Purpose of Disbursement payroll withholding tax		Amount of Each Disbursement this Period [ ] 35.47
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PNC Business Checking</b>		Date of Disbursement MM / DD / YYYY 02 / 15 / 2024
Mailing Address 7235 Wisconsin Ave		FEC Identification Number C [ ] <b>Transaction ID : 500072183</b>
City Bethesda	State MD	Zip Code 20814-4803
Purpose of Disbursement payroll withholding tax		Amount of Each Disbursement this Period [ ] 205.84
Candidate Name		Memo Item <input type="checkbox"/>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 1065.08
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
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Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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**

**A. PNC Business Checking**

Full Name (Last, First, Middle Initial)

Mailing Address 7235 Wisconsin Ave

City Bethesda State MD Zip Code 20814-4803

Purpose of Disbursement payroll withholding tax

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 01 / 2024

FEC Identification Number C

Transaction ID : 500072191

Amount of Each Disbursement this Period 205.85

Memo Item

**B. PNC Business Checking**

Full Name (Last, First, Middle Initial)

Mailing Address 7235 Wisconsin Ave

City Bethesda State MD Zip Code 20814-4803

Purpose of Disbursement payroll withholding tax

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 15 / 2024

FEC Identification Number C

Transaction ID : 500072192

Amount of Each Disbursement this Period 205.84

Memo Item

**C. PNC Business Checking**

Full Name (Last, First, Middle Initial)

Mailing Address 7235 Wisconsin Ave

City Bethesda State MD Zip Code 20814-4803

Purpose of Disbursement payroll withholding tax

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 03 / 29 / 2024

FEC Identification Number C

Transaction ID : 500072193

Amount of Each Disbursement this Period 205.86

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 617.55

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

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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**

**A. Rodriguez, Ilse, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: 01 / 05 / 2024

Mailing Address 316 3rd St SE

City Washington State DC Zip Code 20003-1905

Purpose of Disbursement payroll

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number: C

Transaction ID : 500072180

Amount of Each Disbursement this Period: 2175.72

Memo Item

**B.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**C.**

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 2175.72

**TOTAL** This Period (last page this line number only)..... ▶ 24673.94