

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines PODER PAC

ADDRESS (number and street) 3520 Maple Court Falls Church VA 22041 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00452276 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (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), Dec 20 (M12), Jan 31 (YE) (c) 12-Day PRE-Election Report for the: Primary (12P), Convention (12C), General (12G), Special (12S), Runoff (12R) (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 07 01 2010 through 09 30 2010

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 Catherine Pino

Signature of Treasurer Electronically Filed by Catherine Pino Date 10 14 2010

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

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SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
PODER PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		27763.59
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	19371.51									
(c) Total Receipts (from Line 19)	325.00	2325.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	19696.51	30088.59								
7. Total Disbursements (from Line 31)	4523.95	14916.03								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	15172.56	15172.56								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name
PODER PAC

Report Covering the Period: From:

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	9

D	D
3	0

Y	Y	Y	Y
2	0	1	0

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)	225.00	1975.00
(ii) Unitemized	100.00	350.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	325.00	2325.00
(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)	325.00	2325.00
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 Transfer (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))	325.00	2325.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	325.00	2325.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	2023.95	5656.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2023.95	5656.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	1000.00
(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	1000.00
29. Other Disbursements.....	0.00	5760.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	4523.95	14916.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4523.95	14916.03

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	325.00	2325.00
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	325.00	1325.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2023.95	5656.03
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	2023.95	5656.03

**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 6 / 10
	<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

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.	Full Name (Last, First, Middle Initial) Ramona Martinez	Date of Receipt MM / DD / YYYY 07 / 06 / 2010
	Mailing Address 10064 W Vassar PI	Transaction ID: C6179397
	City State Zip Code Lakewood CO 80227-2640	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation REM&Associates, LLC consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

B.	Full Name (Last, First, Middle Initial) Ramona Martinez	Date of Receipt MM / DD / YYYY 08 / 06 / 2010
	Mailing Address 10064 W Vassar PI	Transaction ID: C6257785
	City State Zip Code Lakewood CO 80227-2640	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation REM&Associates, LLC consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

C.	Full Name (Last, First, Middle Initial) Ramona Martinez	Date of Receipt MM / DD / YYYY 09 / 06 / 2010
	Mailing Address 10064 W Vassar PI	Transaction ID: C6350635
	City State Zip Code Lakewood CO 80227-2640	Amount of Each Receipt this Period 25.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation REM&Associates, LLC consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

SUBTOTAL of Receipts This Page (optional)	75.00
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 / 10
	<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

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NAME OF COMMITTEE (In Full)
PODER PAC

A.	Full Name (Last, First, Middle Initial) Deborah Morales		Date of Receipt
	Mailing Address 4015 Cranford Dr Apt B		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 07 / 18 / 2010
	City	State	Zip Code
	Charlotte	NC	28209-3659
	FEC ID number of contributing federal political committee.		Transaction ID: C6194372
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Sprint		Occupation Project Manager	<input type="text"/> 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 250.00	

B.	Full Name (Last, First, Middle Initial) Deborah Morales		Date of Receipt
	Mailing Address 4015 Cranford Dr Apt B		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 08 / 18 / 2010
	City	State	Zip Code
	Charlotte	NC	28209-3659
	FEC ID number of contributing federal political committee.		Transaction ID: C6337367
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Sprint		Occupation Project Manager	<input type="text"/> 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 250.00	

C.	Full Name (Last, First, Middle Initial) Deborah Morales		Date of Receipt
	Mailing Address 4015 Cranford Dr Apt B		<input type="text"/> M M / <input type="text"/> D D / <input type="text"/> Y Y Y Y 09 / 18 / 2010
	City	State	Zip Code
	Charlotte	NC	28209-3659
	FEC ID number of contributing federal political committee.		Transaction ID: C6365951
	C <input type="text"/>		Amount of Each Receipt this Period
Name of Employer Sprint		Occupation Project Manager	<input type="text"/> 50.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	
		<input type="text"/> 250.00	

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 150.00
TOTAL This Period (last page this line number only)	<input type="text"/> 225.00

**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

A. Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D338403 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 25.00

B. Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D338404 Date of Disbursement M M / D D / Y Y Y Y 0 8 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period 25.00

C. Full Name (Last, First, Middle Initial) 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: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D338406 Date of Disbursement M M / D D / Y Y Y Y 0 9 / 3 0 / 2 0 1 0
	Amount of Each Disbursement this Period 48.95

SUBTOTAL of Disbursements This Page (optional) ▶	98.95
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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

A. Full Name (Last, First, Middle Initial) NGP Software, Inc. <hr/> Mailing Address 1225 Eye Street, NW Suite 1225 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement computer fee Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D338413 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 1200.00
B. Full Name (Last, First, Middle Initial) Utrecht & Phillips, PLLC <hr/> Mailing Address 1900 M Street, NW Suite 500 <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement legal fees Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: D327300 Date of Disbursement M M / D D / Y Y Y Y 0 7 / 2 6 / 2 0 1 0
	Amount of Each Disbursement this Period 725.00

SUBTOTAL of Disbursements This Page (optional)	▶	1925.00
TOTAL This Period (last page this line number only)	▶	2023.95

**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)

PAGE 10 / 10

<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

A.	Full Name (Last, First, Middle Initial) Democratic Congressional Campaign Committee			Transaction ID: D326840	
	Mailing Address 430 S Capitol Street, SE			Date of Disbursement 07 / 20 / 2010	
City Washington		State DC	Zip Code 20003		Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Contribution			Category/ Type		
Candidate Name					
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:					

SUBTOTAL of Disbursements This Page (optional)	▶	2500.00
TOTAL This Period (last page this line number only)	▶	2500.00