

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

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="2014"/>	<input type="text" value="12506.20"/>	<input type="text" value="12506.20"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="9463.44"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9535.00"/>	<input type="text" value="9535.00"/>
(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="18998.44"/>	<input type="text" value="22041.20"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="6078.74"/>	<input type="text" value="9121.50"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="12919.70"/>	<input type="text" value="12919.70"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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:

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: / / To: / /

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).....	1750.00	1750.00
(ii) Unitemized	285.00	285.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	2035.00	2035.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	7500.00	7500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	9535.00	9535.00
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))..... ▶	9535.00	9535.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9535.00	9535.00

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	2078.74	4121.50
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2078.74	4121.50
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	3000.00	3000.00
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	1000.00	2000.00
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)) ..	6078.74	9121.50
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6078.74	9121.50

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)	9535.00	9535.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9535.00	9535.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	2078.74	4121.50
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	2078.74	4121.50

**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 14
(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

Full Name (Last, First, Middle Initial)
A. David Ferreira

Mailing Address 530 1/2 1st St SE

City Washington State DC Zip Code 20003-2608

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

Name of Employer Self Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 02 / 2014
Transaction ID : C9665065

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
B. David Ferreira

Mailing Address 530 1/2 1st St SE

City Washington State DC Zip Code 20003-2608

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

Name of Employer Self Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 02 / 2014
Transaction ID : C9711209

Amount of Each Receipt this Period
250.00

Full Name (Last, First, Middle Initial)
C. Gilda Morales

Mailing Address 202 Jesse Way

City Piscataway State NJ Zip Code 08854-6401

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

Name of Employer Rutgers University Occupation Project Manager

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
 05 / 12 / 2014
Transaction ID : C9717381

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 750.00

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: PAGE 7 OF 14
(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
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NAME OF COMMITTEE (In Full)
PODER PAC

Full Name (Last, First, Middle Initial)
A. Cindy Pena

Mailing Address 211 Elm St

City State Zip Code
Denver CO 80220-5738

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

Name of Employer Occupation
University of Denver Institute Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
06 / 03 / 2014

Transaction ID : **C9888192**

Amount of Each Receipt this Period
1000.00

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

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
MM / DD / YYYY

Amount of Each Receipt this Period

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
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	1750.00

**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 8 OF 14
<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. Committee to Elect Michelle Lujan Grisham		Date of Receipt
Mailing Address 500 MARQUETTE NWSUITE 800		<input type="text" value="05"/> / <input type="text" value="12"/> / <input type="text" value="2014"/>
City	State	Zip Code
Albuquerque	NM	87102
FEC ID number of contributing federal political committee.	<input type="text" value="C00439703"/>	
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1500.00"/>	
		Transaction ID : C9717271
		Amount of Each Receipt this Period
		<input type="text" value="1500.00"/>

Full Name (Last, First, Middle Initial) B. Committee to Re-Elect Loretta Sanchez		Date of Receipt
Mailing Address PO Box 6037		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code
Santa Ana	CA	92706
FEC ID number of contributing federal political committee.	<input type="text" value="C00326264"/>	
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="1000.00"/>	
		Transaction ID : C9901687
		Amount of Each Receipt this Period
		<input type="text" value="1000.00"/>

Full Name (Last, First, Middle Initial) C. Napolitano for Congress		Date of Receipt
Mailing Address 555 Capitol Mall Suite 1425		<input type="text" value="06"/> / <input type="text" value="16"/> / <input type="text" value="2014"/>
City	State	Zip Code
Sacramento	CA	95814
FEC ID number of contributing federal political committee.	<input type="text" value="C00334706"/>	
Name of Employer	Occupation	
Receipt For:	Aggregate Year-to-Date ▼	
<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="text" value="2500.00"/>	
		Transaction ID : C9901688
		Amount of Each Receipt this Period
		<input type="text" value="2500.00"/>

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value=""/>

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

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

FOR LINE NUMBER: PAGE 9 OF 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
PODER PAC

A. Full Name (Last, First, Middle Initial)
PG&E Corporation Energy PAC

Mailing Address 900 7th St, NW Ste 950

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00177469

Name of Employer Occupation

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
 06 / 16 / 2014

Transaction ID : C9901686

Amount of Each Receipt this Period
2500.00

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

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

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

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

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL 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"/> 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. Colorado Secretary of State

Mailing Address Campaign Finance Unit
1700 Broadway, Suite 200

City Denver State CO Zip Code 80290

Purpose of Disbursement
filing fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D528683

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Fraioli & Associates

Mailing Address 423 B New Jersey Avenue SE

City Washington State DC Zip Code 20003

Purpose of Disbursement
venue rental

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D528687

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. 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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : D525937

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. PNC Merchant Services

Mailing Address One PNC Plaza

City Pittsburgh State PA Zip Code 15265

Purpose of Disbursement
credit card fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
04 / 30 / 2014

Transaction ID : D531040

Amount of Each Disbursement this Period

30.00

Full Name (Last, First, Middle Initial)

B. PNC Merchant Services

Mailing Address One PNC Plaza

City Pittsburgh State PA Zip Code 15265

Purpose of Disbursement
credit card fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2014

Transaction ID : D531041

Amount of Each Disbursement this Period

30.01

Full Name (Last, First, Middle Initial)

C. PNC Merchant Services

Mailing Address One PNC Plaza

City Pittsburgh State PA Zip Code 15265

Purpose of Disbursement
credit card fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
06 / 30 / 2014

Transaction ID : D531042

Amount of Each Disbursement this Period

43.73

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

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

103.74

**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. Utrecht, Kleinfeld, Fiori, Zeglis & Partners

Mailing Address 1900 M Street, NW Suite 500

City Washington State DC Zip Code 20036

Purpose of Disbursement
Legal fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : D525938

Amount of Each Disbursement this Period

175.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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) ▼

Category/
Type

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)..... ▶

175.00

2078.74

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)

Grid for line numbers 21b through 30b with checkboxes, where 23 is checked.

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NAME OF COMMITTEE (In Full)
PODER PAC

Full Name (Last, First, Middle Initial)

A. Eloise Gomez Reyes for Congress

Mailing Address P.O Box 11487

City San Bernardino State CA Zip Code 92423

Purpose of Disbursement contribution

Candidate Name

Eloise Gomez Reyes

Office Sought: [X] House [] Senate [] President
State: CA District: 31

Disbursement For: 2014
[X] Primary [] General
[] Other (specify) v

Category/ Type

Date of Disbursement

Date of Disbursement: 05 / 12 / 2014

Transaction ID : D525931

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1000.00

Full Name (Last, First, Middle Initial)

B. Lara for New Mexico

Mailing Address PO Box 2236

City Carlsbad State NM Zip Code 88221

Purpose of Disbursement contribution

Candidate Name

Rocky Lara

Office Sought: [X] House [] Senate [] President
State: NM District: 02

Disbursement For: 2014
[X] Primary [] General
[] Other (specify) v

Category/ Type

Date of Disbursement

Date of Disbursement: 05 / 12 / 2014

Transaction ID : D525906

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1000.00

Full Name (Last, First, Middle Initial)

C. Norma Torres for Congress

Mailing Address 728 W Edna Pl

City Covina State CA Zip Code 91722-3222

Purpose of Disbursement contribution

Candidate Name

Norma Torres

Office Sought: [X] House [] Senate [] President
State: CA District: 35

Disbursement For: 2014
[X] Primary [] General
[] Other (specify) v

Category/ Type

Date of Disbursement

Date of Disbursement: 05 / 12 / 2014

Transaction ID : D525927

Amount of Each Disbursement this Period

Amount of Each Disbursement this Period: 1000.00

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

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

3000.00

3000.00

**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"/> 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. Leticia Van de Putte for Lt. Gov (Texas)

Mailing Address PO Box 8490

City San Antonio State TX Zip Code 78208

Purpose of Disbursement
contribution

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For: 2014
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
05 / 12 / 2014

Transaction ID : D525907

Amount of Each Disbursement this Period

1000.00

Category/
Type

Full Name (Last, First, Middle Initial)

B.

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

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

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

Category/
Type

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

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

1000.00

1000.00