

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

PowerPac.org

(b) Address (number and street) check if different than previously reported

201 Spear Street Suite 1650

(c) City, State and ZIP Code

San Francisco

CA

94105

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30000822

3. Is This Statement

New

or

Amended

4. Covering Period

M M / D D / Y Y Y Y

0 1 / 2 7 / 2 0 0 8

through

M M / D D / Y Y Y Y

0 1 / 2 7 / 2 0 0 8

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y

0 1 / 2 7 / 2 0 0 8

(b) Communication Title Radio Ads in Maryland, Virginia & DC

6. Is the Filer a Qualified Nonprofit Corporation under 11 CFR 114.10(c)?

Yes No

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes No

8. Custodian of Records

(a) Name

Lisa V Le

(b) Address (number and street)

201 Spear St Suite 1650

(c) City, State and ZIP Code

San Francisco

CA

94105

(d) Name of Employer or Principal Place of Business

Self-employed

(e) Occupation

CPA

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

25303.55

Under penalty of perjury, I certify that this statement is true, correct and complete. In addition, if the electioneering communications reported herein were made by a corporation, I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Lisa V Le

SIGNATURE _____

DATE 01/28/2008

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

List of Person(s) Sharing/Exercising Control

(use additional pages as necessary)

11. Person(s) Sharing/Exercising Control

A.	(a) Name	Transction ID : F91.4099	
	Andrew Wong		
	(b) Address (number and street)		
	201 Spear St Suite 1650		
	(c) City, State and Zip Code		
	San Francisco	CA	94105
	(d) Name of Employer or Principal Place of Business	(e) Occupation	
	AJWI	President	

SCHEDULE 9-B

Disbursement(s) Made or Obligations

A. Full Name (Last, First, Middle Initial) of Payee Persuasion FX/shjMedia			Date of Disbursement or Obligation <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
Mailing Address of Payee 800 Fourth St. SW Suite S121			Amount <input type="text" value="25303.55"/>
City Washington	State DC	Zip Code 20002	Communication Date <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="7"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
Name of Employer		Occupation	Transaction ID : F93.4117

Purpose of Disbursement (including title(s) of communication(s))
 Radio Ad in Maryland, Virginia & DC

Name of Federal Candidate Barack Obama F94.4105	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: DC District:	Disbursement/Obligation For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Name of Federal Candidate	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: _____ District: _____	Disbursement/Obligation For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Empty space for additional disbursement entries.

SUBTOTAL of Disbursement/Obligation This Page (optional)	<input type="text" value="25303.55"/>
TOTAL This Period (last page this line number only) (carry total from last page to line 10)	<input type="text" value="25303.55"/>