

# 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>2. FEC Identification Number</b> <b>C</b> C30000822
(b) Address (number and street) <input type="checkbox"/> 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

3. Is This Statement  **New**  
or  
 **Amended**

### 4. Covering Period

M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 8  
through  
M M / D D / Y Y Y Y  
0 1 / 2 6 / 2 0 0 8

5. (a) Date of Public Distribution(s) M M / D D / Y Y Y Y 0 1 / 2 6 / 2 0 0 8 (b) Communication Title Radio ad in Univision Los Angeles

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

44700.00

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 01/27/2008

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

<b>A.</b>	(a) Name	<b>Transction ID : F91.4099</b>	
	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**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee Univision Radio Los Angeles			Date of Disbursement or Obligation <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> <input type="text" value="8"/>
Mailing Address of Payee 655 North Central Avenue, Suite 25			Amount <input type="text" value="44700.00"/>
City Glendale	State CA	Zip Code 91203	Communication Date <input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="2"/> <input type="text" value="6"/> / <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 : F93.4112

Purpose of Disbursement (including title(s) of communication(s))  
Production cost & Radio spot buy

Name of Federal Candidate Barack Obama  F94.4105	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input checked="" type="checkbox"/> President	State: CA  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) _____

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<b>SUBTOTAL</b> of Disbursement/Obligation This Page (optional) .....	<input type="text" value="44700.00"/>
<b>TOTAL</b> This Period (last page this line number only) ..... (carry total from last page to line 10)	<input type="text" value="44700.00"/>