

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
PODER PAC

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		27757.90
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period	27757.90									
(c) Total Receipts (from Line 19)	30425.00	30425.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	58182.90	58182.90								
7. Total Disbursements (from Line 31)	33828.65	33828.65								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	24354.25	24354.25								
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	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

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)	16200.00	16200.00
(ii) Unitemized	13225.00	13225.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	29425.00	29425.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	1000.00	1000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	30425.00	30425.00
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))	30425.00	30425.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	30425.00	30425.00

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.....	31778.65	31778.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	31778.65	31778.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	200.00	200.00
(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))	200.00	200.00
29. Other Disbursements.....	1850.00	1850.00
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))..	33828.65	33828.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	33828.65	33828.65

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)	30425.00	30425.00
34. Total Contribution Refunds (from Line 28(d))	200.00	200.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	30225.00	30225.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	31778.65	31778.65
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	31778.65	31778.65

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 / 30
	<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) Tonio Burgos		Date of Receipt
	Mailing Address 115 Broadway Rm 1504		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 1 6 / 2 0 0 9
	City	State	Zip Code
	New York	NY	10006-1619
	FEC ID number of contributing federal political committee. C		Transaction ID: C4926226
Name of Employer Tonio Burgos & Associates		Occupation Government Relations/Consultant	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 300.00

B.	Full Name (Last, First, Middle Initial) Michael Canale		Date of Receipt
	Mailing Address 214 N. Canon Drive		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 6 / 2 0 0 9
	City	State	Zip Code
	Beverly Hills	CA	90210
	FEC ID number of contributing federal political committee. C		Transaction ID: C4925103
Name of Employer Michael Canale Inc.		Occupation Hairdresser	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

C.	Full Name (Last, First, Middle Initial) Alejandra Castillo		Date of Receipt
	Mailing Address 1940 Biltmore St NW		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 0 9 / 2 0 0 9
	City	State	Zip Code
	Washington	DC	20009-1575
	FEC ID number of contributing federal political committee. C		Transaction ID: C4925297
Name of Employer Dominican American National Roundtable		Occupation Attorney	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 1000.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 2300.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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 / 30
	<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)
Alejandra Ceja

Mailing Address 1301 U St NW
Apt 612

City Washington State DC Zip Code 20009-7553

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

Name of Employer US House of Reps Occupation Senior Budget and Appropriations Advis

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 05 / 2009

Transaction ID: C4924765

Amount of Each Receipt this Period 300.00

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

Mailing Address 1511 Arch St

City Berkeley State CA Zip Code 94708-1828

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

Name of Employer NVG, LLC Occupation Political consultant/co-founder

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt 01 / 16 / 2009

Transaction ID: C4926224

Amount of Each Receipt this Period 300.00

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

Mailing Address 14422 Coachway Dr

City Centreville State VA Zip Code 20120-1638

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

Name of Employer Hispanic College Fund Occupation President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 02 / 25 / 2009

Transaction ID: C5052590

Amount of Each Receipt this Period 50.00

SUBTOTAL of Receipts This Page (optional) ▶ **650.00**

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 8 / 30
	<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

A.	Full Name (Last, First, Middle Initial) Idalia Fernandez		Date of Receipt	
	Mailing Address 14422 Coachway Dr		M M / D D / Y Y Y Y Y 0 3 / 2 5 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: C5136476
	Centreville	VA	20120-1638	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer Hispanic College Fund		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

B.	Full Name (Last, First, Middle Initial) Idalia Fernandez		Date of Receipt	
	Mailing Address 14422 Coachway Dr		M M / D D / Y Y Y Y Y 0 4 / 2 5 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: C5204349
	Centreville	VA	20120-1638	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer Hispanic College Fund		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

C.	Full Name (Last, First, Middle Initial) Idalia Fernandez		Date of Receipt	
	Mailing Address 14422 Coachway Dr		M M / D D / Y Y Y Y Y 0 5 / 2 5 / 2 0 0 9	
	City	State	Zip Code	Transaction ID: C5228778
	Centreville	VA	20120-1638	Amount of Each Receipt this Period
	FEC ID number of contributing federal political committee. C		50.00	
Name of Employer Hispanic College Fund		Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼		
		250.00		

SUBTOTAL of Receipts This Page (optional)	▶	150.00
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 9 / 30
(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)
Idalia Fernandez

Mailing Address 14422 Coachway Dr

City State Zip Code
Centreville VA 20120-1638

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Hispanic College Fund President

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt MM / DD / YYYY
06 / 25 / 2009

Transaction ID: C5308771

Amount of Each Receipt this Period 50.00

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

Mailing Address PO Box 8530

City State Zip Code
Houston TX 77249

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Harris County County Commissioner

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt MM / DD / YYYY
02 / 02 / 2009

Transaction ID: C6039727

Amount of Each Receipt this Period 1000.00

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

Mailing Address 2122 W Magnolia Ave

City State Zip Code
San Antonio TX 78201-4812

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
self attorney

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt MM / DD / YYYY
01 / 07 / 2009

Transaction ID: C4925114

Amount of Each Receipt this Period 400.00

SUBTOTAL of Receipts This Page (optional) 1450.00

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 10 / 30
(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

A.

Full Name (Last, First, Middle Initial)
Jorge Haynes, Jr.

Mailing Address 2604 E. 20th Street
Unit 302

City Signal Hill State CA Zip Code 90755-1064

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

Name of Employer California State University System Occupation External Affairs

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2009

Transaction ID: C4926358

Amount of Each Receipt this Period
500.00

B.

Full Name (Last, First, Middle Initial)
Helen Hernandez

Mailing Address 18034 Ventura Blvd., #280

City Encino State CA Zip Code 91316

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

Name of Employer La Conexion Occupation Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2009

Transaction ID: C4926357

Amount of Each Receipt this Period
1000.00

C.

Full Name (Last, First, Middle Initial)
Cynthia Jasso-Rotunno

Mailing Address 531 8th Street, NE

City Washington State DC Zip Code 20002

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

Name of Employer Dewey Square Group Occupation Principal

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
01 / 06 / 2009

Transaction ID: C4925101

Amount of Each Receipt this Period
1000.00

SUBTOTAL of Receipts This Page (optional) ► **2500.00**

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 11 / 30
(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)
Linda Lopez

Mailing Address 1954 S Euclid Ave

City San Marino State CA Zip Code 91108-1612

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

Name of Employer self employed Occupation political scientist

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 01 / 17 / 2009

Transaction ID: C4926242

Amount of Each Receipt this Period 400.00

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

Mailing Address #4 Bay Meadows

City Midland State TX Zip Code 79705

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

Name of Employer Express Nursing Home Health Care Servi Occupation Owner/CEO

Receipt For: 2008 Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 4000.00

Date of Receipt 06 / 02 / 2009

Transaction ID: C5231105

Amount of Each Receipt this Period 4000.00

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

Mailing Address 1524 Independence Ave SE Apt 302

City Washington State DC Zip Code 20003-1553

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

Name of Employer Gay & Lesbian Victory Fund and Leaders Occupation Vice President, Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt 01 / 05 / 2009

Transaction ID: C4924813

Amount of Each Receipt this Period 75.00

SUBTOTAL of Receipts This Page (optional) ► 4475.00

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 12 / 30
	<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

A.	Full Name (Last, First, Middle Initial) Jason Mida	Date of Receipt MM / DD / YYYY 02 / 05 / 2009
	Mailing Address 1524 Independence Ave SE Apt 302	Transaction ID: C5024162
	City State Zip Code Washington DC 20003-1553	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Gay & Lesbian Victory Fund and Leaders Occupation Vice President, Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Jason Mida	Date of Receipt MM / DD / YYYY 03 / 05 / 2009
	Mailing Address 1524 Independence Ave SE Apt 302	Transaction ID: C5060040
	City State Zip Code Washington DC 20003-1553	Amount of Each Receipt this Period 75.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Gay & Lesbian Victory Fund and Leaders Occupation Vice President, Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Jason Mida	Date of Receipt MM / DD / YYYY 04 / 05 / 2009
	Mailing Address 1524 Independence Ave SE Apt 302	Transaction ID: C5147639
	City State Zip Code Washington DC 20003-1553	Amount of Each Receipt this Period 125.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Gay & Lesbian Victory Fund and Leaders Occupation Vice President, Development Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	275.00
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 13 / 30
(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

A.

Full Name (Last, First, Middle Initial) Jason Mida		Date of Receipt MM / DD / YYYY 05 / 05 / 2009
Mailing Address 1524 Independence Ave SE Apt 302		Transaction ID: C5207074
City Washington	State Zip Code DC 20003-1553	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Gay & Lesbian Victory Fund and Leaders	Occupation Vice President, Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.

Full Name (Last, First, Middle Initial) Jason Mida		Date of Receipt MM / DD / YYYY 06 / 05 / 2009
Mailing Address 1524 Independence Ave SE Apt 302		Transaction ID: C5233133
City Washington	State Zip Code DC 20003-1553	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 125.00
Name of Employer Gay & Lesbian Victory Fund and Leaders	Occupation Vice President, Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.

Full Name (Last, First, Middle Initial) Gloria Molina		Date of Receipt MM / DD / YYYY 01 / 16 / 2009
Mailing Address 455 Canyon Vista Dr		Transaction ID: C4926228
City Los Angeles	State Zip Code CA 90065-3912	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 400.00
Name of Employer Los Angeles County	Occupation Supervisor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

SUBTOTAL of Receipts This Page (optional)	650.00
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 14 / 30
(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

A.

Full Name (Last, First, Middle Initial)
David Montoya

Mailing Address 7 Manzano Rd

City State Zip Code
Corrales NM 87048-8325

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

Name of Employer Self employed Occupation CEO

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
MM / DD / YYYY
01 / 18 / 2009

Transaction ID: C4926356

Amount of Each Receipt this Period
1000.00

B.

Full Name (Last, First, Middle Initial)
Carmen C Ramirez

Mailing Address 3903 Livingston St NW

City State Zip Code
Washington DC 20015-2921

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

Name of Employer The Catholic University of America Occupation Adjunct Assistant Professor

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 14 / 2009

Transaction ID: C4925968

Amount of Each Receipt this Period
300.00

C.

Full Name (Last, First, Middle Initial)
Maryann Ramos

Mailing Address 35 Homestead Rd

City State Zip Code
Greenwich CT 06831-4222

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

Name of Employer Bridgeport Hospital Occupation Physician Assistant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 10 / 2009

Transaction ID: C4925402

Amount of Each Receipt this Period
200.00

SUBTOTAL of Receipts This Page (optional) ► **1500.00**

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 15 / 30
(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)
Maryann Ramos

Mailing Address 35 Homestead Rd

City State Zip Code
Greenwich CT 06831-4222

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

Name of Employer Occupation
Bridgeport Hospital Physician Assistant

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 24 / 2009

Transaction ID: C4926517

Amount of Each Receipt this Period
100.00

B. Full Name (Last, First, Middle Initial)
A. V. Rivas-Vazquez

Mailing Address 155 Ocean Lane Dr
Apt 907

City State Zip Code
Key Biscayne FL 33149-1464

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

Name of Employer Occupation
Zogby International Attorney/Client Development

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
MM / DD / YYYY
01 / 08 / 2009

Transaction ID: C4925225

Amount of Each Receipt this Period
300.00

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

Mailing Address 350 G St SW
Apt 116

City State Zip Code
Washington DC 20024-3112

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

Name of Employer Occupation
American Medical Association Lawyer/Legislative Counsel

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 600.00

Date of Receipt
MM / DD / YYYY
01 / 07 / 2009

Transaction ID: C4925105

Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional) ► 500.00

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 16 / 30
(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) Sylvia Trujillo		Date of Receipt MM / DD / YYYY 02 / 07 / 2009
Mailing Address 350 G St SW Apt 116		Transaction ID: C5038276
City Washington	State DC	Zip Code 20024-3112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer American Medical Association	Occupation Lawyer/Legislative Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

B.

Full Name (Last, First, Middle Initial) Sylvia Trujillo		Date of Receipt MM / DD / YYYY 03 / 07 / 2009
Mailing Address 350 G St SW Apt 116		Transaction ID: C5100455
City Washington	State DC	Zip Code 20024-3112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer American Medical Association	Occupation Lawyer/Legislative Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

C.

Full Name (Last, First, Middle Initial) Sylvia Trujillo		Date of Receipt MM / DD / YYYY 04 / 07 / 2009
Mailing Address 350 G St SW Apt 116		Transaction ID: C5148332
City Washington	State DC	Zip Code 20024-3112
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer American Medical Association	Occupation Lawyer/Legislative Counsel	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

SUBTOTAL of Receipts This Page (optional)	▶	300.00
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 17 / 30
	(check only one)
<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"/>	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
PODER PAC

A.	Full Name (Last, First, Middle Initial) Sylvia Trujillo	Date of Receipt MM / DD / YYYY 05 / 07 / 2009
	Mailing Address 350 G St SW Apt 116	Transaction ID: C5207485
	City State Zip Code Washington DC 20024-3112	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Medical Association Occupation Lawyer/Legislative Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

B.	Full Name (Last, First, Middle Initial) Sylvia Trujillo	Date of Receipt MM / DD / YYYY 06 / 07 / 2009
	Mailing Address 350 G St SW Apt 116	Transaction ID: C5233757
	City State Zip Code Washington DC 20024-3112	Amount of Each Receipt this Period 100.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer American Medical Association Occupation Lawyer/Legislative Counsel Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00	

C.	Full Name (Last, First, Middle Initial) Joe Velasquez	Date of Receipt MM / DD / YYYY 01 / 18 / 2009
	Mailing Address 1617 Inlet Ct	Transaction ID: C4926359
	City State Zip Code Reston VA 20190-4429	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Velasquez & Associates Occupation Information Requested Receipt For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00	

SUBTOTAL of Receipts This Page (optional)	450.00
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 18 / 30
	<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) Lucy Voelk		Date of Receipt
	Mailing Address 43 Oak Hill Rd		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 1 8 / 2 0 0 9
	City	State	Zip Code
	Harvard	MA	01451-1719
	FEC ID number of contributing federal political committee.		Transaction ID: C4926260
		Amount of Each Receipt this Period	<input type="text"/> 400.00
Name of Employer AutoReturn		Occupation Director of Marketing	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 400.00

B.	Full Name (Last, First, Middle Initial) Brent Wilkes		Date of Receipt
	Mailing Address 6608 Byrnes Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 1 7 / 2 0 0 9
	City	State	Zip Code
	McLean	VA	22101-5273
	FEC ID number of contributing federal political committee.		Transaction ID: C4926245
		Amount of Each Receipt this Period	<input type="text"/> 300.00
Name of Employer Lulac		Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 600.00

C.	Full Name (Last, First, Middle Initial) Brent Wilkes		Date of Receipt
	Mailing Address 6608 Byrnes Dr		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 0 1 / 1 8 / 2 0 0 9
	City	State	Zip Code
	McLean	VA	22101-5273
	FEC ID number of contributing federal political committee.		Transaction ID: C4926249
		Amount of Each Receipt this Period	<input type="text"/> 200.00
Name of Employer Lulac		Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text"/> 600.00

SUBTOTAL of Receipts This Page (optional)	<input type="text"/> 900.00
TOTAL This Period (last page this line number only)	<input type="text"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 19 / 30	
	(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"/> 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

A.

Full Name (Last, First, Middle Initial) Brent Wilkes		Date of Receipt
Mailing Address 6608 Byrnes Dr		<input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="1"/> <input type="text" value="8"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/>
City	State	Zip Code
McLean	VA	22101-5273
FEC ID number of contributing federal political committee.		Transaction ID: C4926267
<input type="text" value="C"/>		Amount of Each Receipt this Period
		<input type="text" value="100.00"/>
Name of Employer Lulac	Occupation Executive Director	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	
	<input type="text" value="600.00"/>	

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="100.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="16200.00"/>

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 20 / 30
	(check only one)	
<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

A.

Full Name (Last, First, Middle Initial) Immigration PAC		Date of Receipt																				
Mailing Address 2161 N. California Avenue Suite 109		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1		1	8		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	1		1	8		2	0	0	9													
City	State	Zip Code																				
Chicago	IL	60647																				
FEC ID number of contributing federal political committee.		Transaction ID: C4926355																				
C C00446187		Amount of Each Receipt this Period																				
		1000.00																				
Name of Employer	Occupation																					
Receipt For:	Aggregate Year-to-Date ▼																					
<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Other (specify) ▼	1000.00																					

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

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

<p>A. Full Name (Last, First, Middle Initial) A&A Design Services</p> <p>Mailing Address 2001 Charleston Place</p> <p>City Hyattsville State MD Zip Code 20783</p> <p>Purpose of Disbursement design letterhead and envelopes</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D236554</p> <p>Date of Disbursement</p> <p><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="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="350.00"/></p>
<p>B. Full Name (Last, First, Middle Initial) Mari Carmen Aponte</p> <p>Mailing Address 4201 Linnean Ave NW</p> <p>City Washington State DC Zip Code 20008-3808</p> <p>Purpose of Disbursement Meeting Expense - Catering</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D238600</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="3"/> <input type="text" value="0"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="100.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) Auburn Quad Inc.</p> <p>Mailing Address P.O. Box 390728</p> <p>City Cambridge State MA Zip Code 02139</p> <p>Purpose of Disbursement credit card fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D309845</p> <p>Date of Disbursement</p> <p><input type="text" value="0"/> <input type="text" value="1"/> / <input type="text" value="0"/> <input type="text" value="5"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="9"/> <input type="text" value="9"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="3.95"/></p>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="453.95"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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) Bernadette Cala	Transaction ID: D283295 Date of Disbursement 06 / 23 / 2009
	Mailing Address 1201 Janneys Lane	Amount of Each Disbursement this Period 250.00
	City Alexandria State VA Zip Code 22302	
	Purpose of Disbursement Consultant - Compliance	Category/ Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Bernadette Cala	Transaction ID: D235524 Date of Disbursement 01 / 12 / 2009
	Mailing Address 1201 Janneys Lane	Amount of Each Disbursement this Period 125.00
	City Alexandria State VA Zip Code 22302	
	Purpose of Disbursement Consultant - Compliance	Category/ Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Express EMPS	Transaction ID: D279553 Date of Disbursement 01 / 05 / 2009
	Mailing Address P.O. Box 6600	Amount of Each Disbursement this Period 185.96
	City Hagerstown State MD Zip Code 21740	
	Purpose of Disbursement credit card fee	Category/ Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	560.96
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 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	Transaction ID: D279554 Date of Disbursement																			
	Mailing Address P.O. Box 6600	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	2		0	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	2		0	4		2	0	0	9												
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period																			
	Purpose of Disbursement credit card fee	<table border="1"><tr><td>417.74</td></tr></table>	417.74																		
417.74																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) Express EMPS	Transaction ID: D279555 Date of Disbursement																			
	Mailing Address P.O. Box 6600	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		0	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		0	4		2	0	0	9												
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period																			
	Purpose of Disbursement credit card fee	<table border="1"><tr><td>85.94</td></tr></table>	85.94																		
85.94																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) Express EMPS	Transaction ID: D282875 Date of Disbursement																			
	Mailing Address P.O. Box 6600	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>4</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	4		0	4		2	0	0
M	M	/	D	D	/	Y	Y	Y	Y												
0	4		0	4		2	0	0	9												
	City Hagerstown State MD Zip Code 21740	Amount of Each Disbursement this Period																			
	Purpose of Disbursement credit card fees	<table border="1"><tr><td>25.05</td></tr></table>	25.05																		
25.05																					
	Candidate Name	Category/Type																			
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General																			
	State: District:	<input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>528.73</td></tr></table>	528.73
528.73		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

<p>A. Full Name (Last, First, Middle Initial) Express EMPS</p> <p>Mailing Address P.O. Box 6600</p> <p>City Hagerstown State MD Zip Code 21740</p> <p>Purpose of Disbursement credit card fees</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D282876</p> <p>Date of Disbursement</p> <p><input type="text" value="06"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.05"/></p>
<p>B. Full Name (Last, First, Middle Initial) Express EMPS</p> <p>Mailing Address P.O. Box 6600</p> <p>City Hagerstown State MD Zip Code 21740</p> <p>Purpose of Disbursement credit card fee</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D282879</p> <p>Date of Disbursement</p> <p><input type="text" value="05"/> <input type="text" value="04"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="25.00"/></p>
<p>C. Full Name (Last, First, Middle Initial) NGP Software, Inc.</p> <p>Mailing Address 1225 Eye Street, NW Suite 1225</p> <p>City Washington State DC Zip Code 20005</p> <p>Purpose of Disbursement Computer software</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D278791</p> <p>Date of Disbursement</p> <p><input type="text" value="04"/> <input type="text" value="01"/> / <input type="text" value="20"/> <input type="text" value="09"/></p> <p>Amount of Each Disbursement this Period</p> <p><input type="text" value="1200.00"/></p>

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

A.	Full Name (Last, First, Middle Initial) NGP Software, Inc.	Transaction ID: D235005 Date of Disbursement
	Mailing Address 1225 Eye Street, NW Suite 1225	<input type="text" value="01"/> / <input type="text" value="07"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Computer software	<input type="text" value="750.00"/>
	Candidate Name	Category/Type
	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.	Full Name (Last, First, Middle Initial) NGP Software, Inc.	Transaction ID: D283296 Date of Disbursement
	Mailing Address 1225 Eye Street, NW Suite 1225	<input type="text" value="06"/> / <input type="text" value="23"/> / <input type="text" value="2009"/>
	City Washington State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement credit card fees	<input type="text" value="150.00"/>
	Candidate Name	Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
	State: District:	

C.	Full Name (Last, First, Middle Initial) Perfect Image Printing	Transaction ID: D280723 Date of Disbursement
	Mailing Address 5616 Columbia Pike	<input type="text" value="04"/> / <input type="text" value="21"/> / <input type="text" value="2009"/>
	City Falls Church State VA Zip Code 22041	Amount of Each Disbursement this Period
	Purpose of Disbursement letterhead/velopes	<input type="text" value="382.20"/>
	Candidate Name	Category/Type
	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)	<input type="text" value="1282.20"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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)

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<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) Rosa Mexicano Restaurant <hr/> Mailing Address 575 7th Street, NW <hr/> City Washington State DC Zip Code 20004 <hr/> Purpose of Disbursement Reception/catering (not for a federal candidate) Candidate Name Category/Type <hr/> 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:	Transaction ID: D235827 Date of Disbursement 01 / 14 / 2009 <hr/> Amount of Each Disbursement this Period 19800.00
B.	Full Name (Last, First, Middle Initial) Ryan, Phillips, Utrecht & MacKinnon <hr/> Mailing Address 1133 Connecticut Avenue, N.W Suite 300 <hr/> City Washington State DC Zip Code 20036 <hr/> Purpose of Disbursement legal fees Candidate Name Category/Type <hr/> 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:	Transaction ID: D261672 Date of Disbursement 02 / 27 / 2009 <hr/> Amount of Each Disbursement this Period 77.26
C.	Full Name (Last, First, Middle Initial) The Markham Group, LLC <hr/> Mailing Address 823 W. Markham Street <hr/> City Little Rock State AR Zip Code 72201 <hr/> Purpose of Disbursement meeting expense - signs Candidate Name Category/Type <hr/> 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:	Transaction ID: D280724 Date of Disbursement 04 / 21 / 2009 <hr/> Amount of Each Disbursement this Period 5000.00

SUBTOTAL of Disbursements This Page (optional) ▶

24877.26

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

A.	Full Name (Last, First, Middle Initial) The Markham Group, LLC	Transaction ID: D283297 Date of Disbursement 06 / 23 / 2009
	Mailing Address 823 W. Markham Street	Amount of Each Disbursement this Period 2105.00
	City Little Rock State AR Zip Code 72201	
	Purpose of Disbursement meeting expense - signs Candidate Name	Category/Type
	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) ▼

B.	Full Name (Last, First, Middle Initial) Utrecht & Phillips, PLLC	Transaction ID: D282662 Date of Disbursement 06 / 08 / 2009
	Mailing Address 1900 M Street, NW Suite 500	Amount of Each Disbursement this Period 420.50
	City Washington State DC Zip Code 20036	
	Purpose of Disbursement legal fees Candidate Name	Category/Type
	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) ▼

C.	Full Name (Last, First, Middle Initial) Zeros Group	Transaction ID: D236167 Date of Disbursement 01 / 18 / 2009
	Mailing Address PO Box 70881	Amount of Each Disbursement this Period 300.00
	City Bethesda State MD Zip Code 20813	
	Purpose of Disbursement Meeting Expense - Photographer Candidate Name	Category/Type
	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) ▼

SUBTOTAL of Disbursements This Page (optional)	2825.50
TOTAL This Period (last page this line number only)	31778.65

**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)

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<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 checked="" 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) Silvia Aldana			Transaction ID: D309489	
	Mailing Address 900 7th St NW Ste 950			Date of Disbursement 01 / 29 / 2009	
	City Washington	State DC	Zip Code 20001-3888	Amount of Each Disbursement this Period 200.00	
	Purpose of Disbursement Contribution refund		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)	200.00
TOTAL This Period (last page this line number only)	200.00

**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

A.	Full Name (Last, First, Middle Initial) Dr. Lorena Garza Gonzalez Campaign	Transaction ID: D278983 Date of Disbursement 04 / 06 / 2009
	Mailing Address 703 Channel Pass	
	City San Antonio State TX Zip Code 78232	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Nonfederal contribution	Category/ Type
	Candidate Name Dr. Lorena Garza Gonzalez Campaign	
	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.	Full Name (Last, First, Middle Initial) Friends of Nancy Navarro	Transaction ID: D280698 Date of Disbursement 04 / 20 / 2009
	Mailing Address 2241 Bel Pre Road	
	City Silver Spring State MD Zip Code 20906	Amount of Each Disbursement this Period 250.00
	Purpose of Disbursement Nonfederal contribution	Category/ Type
	Candidate Name Friends of Nancy Navarro	
	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:	

C.	Full Name (Last, First, Middle Initial) Nury Martinez for School Board	Transaction ID: D279556 Date of Disbursement 03 / 02 / 2009
	Mailing Address c/o Charlotte Dobbs & Co 2730 Wilshire Blvd., Suite 550	
	City Santa Monica State CA Zip Code 90403	Amount of Each Disbursement this Period 1000.00
	Purpose of Disbursement Nonfederal contribution	Category/ Type
	Candidate Name Nury Martinez	
	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: CA District:	

SUBTOTAL of Disbursements This Page (optional)	1500.00
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)

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<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

A.

Full Name (Last, First, Middle Initial)
Perla Cavazos for Austin City Council

Mailing Address 811 East 13th Street

City State Zip Code
Austin TX 78702

Purpose of Disbursement
Nonfederal contribution

Candidate Name
Perla Cavazos for Austin City Council

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Transaction ID: D278982

Date of Disbursement

/ /

Amount of Each Disbursement this Period

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)