



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

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="2025"/>		199714.68
(b) Cash on Hand at Beginning of Reporting Period.....	181727.36	
(c) Total Receipts (from Line 19) .....	11160.01	14205.01
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	192887.37	213919.69
7. Total Disbursements (from Line 31).....	30096.46	51128.78
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	162790.91	162790.91
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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 the Federal Election Commission at 800-424-9530 or visit [www.fec.gov](http://www.fec.gov)**

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

PODER PAC

Report Covering the Period: From: MM / DD / YYYY 07 / 01 / 2025 To: MM / DD / YYYY 12 / 31 / 2025

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).....	6000.00	9000.00
(ii) Unitemized .....	160.00	205.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6160.00	9205.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	11160.00	14205.00
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.).....	0.01	0.01
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)).....▶	11160.01	14205.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	11160.01	14205.01

**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 .....	3345.53	4855.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	3345.53	4855.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	20000.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	11750.93	26273.19
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	30096.46	51128.78
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	30096.46	51128.78

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	11160.00	14205.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	11160.00	14205.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	3345.53	4855.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	3345.53	4855.59

# 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 OF 25
	<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	

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. French Gates, Melinda, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 6000 Carillon Pt  
 City Kirkland State WA Zip Code 98033-7451  
 Date of Receipt: 07 / 14 / 2025  
 Transaction ID : 19440590  
 Amount of Each Receipt this Period: 5000.00  
 Memo Item:

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) Pivotal Ventures Occupation (for Individual) philanthropist

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date: 5000.00

**B. Jacquez, Lynn, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 2403 Lellah Ct  
 City Dunn Loring State VA Zip Code 22027-1200  
 Date of Receipt: 11 / 09 / 2025  
 Transaction ID : 20012557  
 Amount of Each Receipt this Period: 1000.00  
 Memo Item:

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) CJ Lake, LLC Occupation (for Individual) Attorney

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date: 1000.00

**C.**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address  
 City State Zip Code  
 Date of Receipt: / /  
 Amount of Each Receipt this Period:   
 Memo Item:

FEC ID number of contributing federal political committee: C

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  Primary  General  Other (specify) ▼ Aggregate Year-to-Date:

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<b>TOTAL</b> This Period (last page this line number only).....	6000.00

**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 7 OF 25
<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 of Individual (Last, First, Middle Initial) or Full Organization Name  
Committee for Hispanic Causes Building Our Leadership Diversity (CHC BOLD PAC)

Mailing Address PO Box 75357

City Washington	State DC	Zip Code 20013-0357
--------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00365536

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

M M	/	D D	/	Y Y Y Y
07		01		2025

**Transaction ID : 19374025**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	5000.00

# 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"/> 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. ACTBLUE

Mailing Address PO Box 441146

City  
West Somerville

State  
MA

Zip Code  
02144-0031

Purpose of Disbursement  
credit card fee

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7				2	0		2	0	2	5		

FEC Identification Number

C [REDACTED]

Transaction ID : 500095538

Amount of Each Disbursement this Period

[REDACTED] 197.50

Memo Item

Full Name (Last, First, Middle Initial)

### B. NGP Van, Inc. / EveryAction Inc

Mailing Address PO Box 392264

City  
Pittsburgh

State  
PA

Zip Code  
15251-9264

Purpose of Disbursement  
campaign software

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	9				1	1		2	0	2	5		

FEC Identification Number

C [REDACTED]

Transaction ID : 500096562

Amount of Each Disbursement this Period

[REDACTED] 1341.66

Memo Item

Full Name (Last, First, Middle Initial)

### C. NGP Van, Inc. / EveryAction Inc

Mailing Address PO Box 392264

City  
Pittsburgh

State  
PA

Zip Code  
15251-9264

Purpose of Disbursement  
campaign software

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
	1	0			2	7		2	0	2	5		

FEC Identification Number

C [REDACTED]

Transaction ID : 500098148

Amount of Each Disbursement this Period

[REDACTED] 1341.67

Memo Item

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

[REDACTED] 2880.83

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

[REDACTED]

**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"/> 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, Clark, Partners**

Mailing Address 1634 I St NW  
Ste 1250

City  
Washington

State  
DC

Zip Code  
20006-4096

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
10			27			2025			

FEC Identification Number

C [ ]

Transaction ID : 500098155

Amount of Each Disbursement this Period

[ ] 300.00

Memo Item

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

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

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

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

[ ] 300.00

[ ] 3180.83

# 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 checked="" type="checkbox"/> 23	<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. Carol for PA

Mailing Address PO Box 83

City  
Allentown

State  
PA

Zip Code  
18105-0083

Purpose of Disbursement  
contribution

Candidate Name

Obando-Derstine, Carol, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: PA District: 07

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			3	1			2	0	2	5		

FEC Identification Number

**C** C00903963

**Transaction ID : 500100348**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. DENISE POWELL FOR CONGRESS

Mailing Address PO Box 6039

City  
Omaha

State  
NE

Zip Code  
68106-0039

Purpose of Disbursement  
contribution

Candidate Name

Powell, Denise, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify)

State: NE District: 02

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	1			0	4			2	0	2	5		

FEC Identification Number

**C** C00903948

**Transaction ID : 500100858**

Amount of Each Disbursement this Period

5000.00

Memo Item

Full Name (Last, First, Middle Initial)

### C. Hilda Solis for Congress

Mailing Address 10643 Valley Blvd  
Unit # C

City  
El Monte

State  
CA

Zip Code  
91731-3634

Purpose of Disbursement  
contribution

Candidate Name

Solis, Hilda, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: CA District: 38

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
1	2			3	1			2	0	2	5		

FEC Identification Number

**C** C00917542

**Transaction ID : 500100346**

Amount of Each Disbursement this Period

5000.00

Memo Item

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

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

12500.00

# 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 checked="" type="checkbox"/> 23	<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. MARLENE FOR CONGRESS**

Mailing Address 5044 E Weldon Ave

City  
Phoenix

State  
AZ

Zip Code  
85018-6145

Purpose of Disbursement  
contribution

Candidate Name

GALAN-WOODS, MARLENE, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2026  
 Primary  General  
 Other (specify) ▼

State: AZ District: 01

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
12			31			2025					

FEC Identification Number

**C** C00840751

**Transaction ID : 500100347**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify)

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

2500.00

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

15000.00

**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"/> 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. Castanon, Rita, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 764 11th St SE

City Washington State DC Zip Code 20003-2810

Purpose of Disbursement payroll non-contribution account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 03 / 2025

FEC Identification Number C

Transaction ID : 500095539

Amount of Each Disbursement this Period 652.70

Memo Item

**B. Castanon, Rita, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 764 11th St SE

City Washington State DC Zip Code 20003-2810

Purpose of Disbursement payroll non contribution account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 07 / 18 / 2025

FEC Identification Number C

Transaction ID : 500095540

Amount of Each Disbursement this Period 652.69

Memo Item

**C. Castanon, Rita, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 764 11th St SE

City Washington State DC Zip Code 20003-2810

Purpose of Disbursement payroll non contribution account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 08 / 01 / 2025

FEC Identification Number C

Transaction ID : 500096563

Amount of Each Disbursement this Period 652.69

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1958.08

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Castanon, Rita, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 764 11th St SE

City Washington State DC Zip Code 20003-2810

Purpose of Disbursement payroll non-contribution account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 09 / 26 / 2025

FEC Identification Number C

**Transaction ID : 500098150**

Amount of Each Disbursement this Period 652.68

Memo Item

**B. Castanon, Rita, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 764 11th St SE

City Washington State DC Zip Code 20003-2810

Purpose of Disbursement payroll non-contribution account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 10 / 09 / 2025

FEC Identification Number C

**Transaction ID : 500101157**

Amount of Each Disbursement this Period 652.70

Memo Item

**C. Castanon, Rita, , ,**

Full Name (Last, First, Middle Initial)

Mailing Address 764 11th St SE

City Washington State DC Zip Code 20003-2810

Purpose of Disbursement non-contribution account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement 10 / 24 / 2025

FEC Identification Number C

**Transaction ID : 500101158**

Amount of Each Disbursement this Period 652.70

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1958.08

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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) <b>A. Castanon, Rita, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 07 / 2025	
Mailing Address 764 11th St SE		FEC Identification Number <b>C</b>	
City Washington	State DC	Zip Code 20003-2810	<b>Transaction ID : 500101159</b>
Purpose of Disbursement payroll non-contribution account		Category/ Type	Amount of Each Disbursement this Period 652.69
Candidate Name			<input type="checkbox"/> Memo Item
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:			

Full Name (Last, First, Middle Initial) <b>B. Castanon, Rita, , ,</b>		Date of Disbursement MM / DD / YYYY 11 / 21 / 2025	
Mailing Address 764 11th St SE		FEC Identification Number <b>C</b>	
City Washington	State DC	Zip Code 20003-2810	<b>Transaction ID : 500101160</b>
Purpose of Disbursement payroll non-contribution account		Category/ Type	Amount of Each Disbursement this Period 652.70
Candidate Name			<input type="checkbox"/> Memo Item
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:			

Full Name (Last, First, Middle Initial) <b>C. Castanon, Rita, , ,</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2025	
Mailing Address 764 11th St SE		FEC Identification Number <b>C</b>	
City Washington	State DC	Zip Code 20003-2810	<b>Transaction ID : 500101161</b>
Purpose of Disbursement payroll non-contribution account		Category/ Type	Amount of Each Disbursement this Period 652.68
Candidate Name			<input type="checkbox"/> Memo Item
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>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1958.07
<b>TOTAL</b> 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. Castanon, Rita, , ,**

Mailing Address 764 11th St SE

City  
Washington

State  
DC

Zip Code  
20003-2810

Purpose of Disbursement  
payroll non-contribution account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
12			19			2025			

FEC Identification Number

**C**

**Transaction ID : 500101162**

Amount of Each Disbursement this Period

652.70

Memo Item

Full Name (Last, First, Middle Initial)

**B. PAYCHEX, Inc.**

Mailing Address 30 Knightsbridge Rd  
Ste 5

City  
Piscataway

State  
NJ

Zip Code  
08854-3948

Purpose of Disbursement  
payroll fee non-contribution account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			07			2025			

FEC Identification Number

**C**

**Transaction ID : 500095543**

Amount of Each Disbursement this Period

87.00

Memo Item

Full Name (Last, First, Middle Initial)

**C. PAYCHEX, Inc.**

Mailing Address 30 Knightsbridge Rd  
Ste 5

City  
Piscataway

State  
NJ

Zip Code  
08854-3948

Purpose of Disbursement  
payroll fee non-contribution account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
07			21			2025			

FEC Identification Number

**C**

**Transaction ID : 500095544**

Amount of Each Disbursement this Period

67.00

Memo Item

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

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

806.70

# 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"/> 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. PAYCHEX, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 30 Knightsbridge Rd  
Ste 5

City Piscataway State NJ Zip Code 08854-3948

Purpose of Disbursement payroll fee non contribution account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 08 / 04 / 2025

FEC Identification Number C  
Transaction ID : 500096570  
Amount of Each Disbursement this Period 67.00

Memo Item

**B. PAYCHEX, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 30 Knightsbridge Rd  
Ste 5

City Piscataway State NJ Zip Code 08854-3948

Purpose of Disbursement payroll fee non contribution account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 08 / 18 / 2025

FEC Identification Number C  
Transaction ID : 500096571  
Amount of Each Disbursement this Period 67.00

Memo Item

**C. PAYCHEX, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 30 Knightsbridge Rd  
Ste 5

City Piscataway State NJ Zip Code 08854-3948

Purpose of Disbursement payroll fee non contribution account

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 08 / 29 / 2025

FEC Identification Number C  
Transaction ID : 500096572  
Amount of Each Disbursement this Period 67.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 201.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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) <b>A. PAYCHEX, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 15 / 2025	
Mailing Address 30 Knightsbridge Rd Ste 5		FEC Identification Number <b>C</b>	
City Piscataway	State NJ	Zip Code 08854-3948	<b>Transaction ID : 500098151</b>
Purpose of Disbursement payroll fee non-contribution account		Category/ Type	Amount of Each Disbursement this Period 67.00
Candidate Name			<input type="checkbox"/> Memo Item
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:			

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX, Inc.</b>		Date of Disbursement MM / DD / YYYY 09 / 29 / 2025	
Mailing Address 30 Knightsbridge Rd Ste 5		FEC Identification Number <b>C</b>	
City Piscataway	State NJ	Zip Code 08854-3948	<b>Transaction ID : 500098152</b>
Purpose of Disbursement payroll fee non contribution account		Category/ Type	Amount of Each Disbursement this Period 67.00
Candidate Name			<input type="checkbox"/> Memo Item
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:			

Full Name (Last, First, Middle Initial) <b>C. PAYCHEX, Inc.</b>		Date of Disbursement MM / DD / YYYY 10 / 10 / 2025	
Mailing Address 30 Knightsbridge Rd Ste 5		FEC Identification Number <b>C</b>	
City Piscataway	State NJ	Zip Code 08854-3948	<b>Transaction ID : 500101169</b>
Purpose of Disbursement payroll fee non-contribution account		Category/ Type	Amount of Each Disbursement this Period 87.00
Candidate Name			<input type="checkbox"/> Memo Item
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>SUBTOTAL</b> of Disbursements This Page (optional).....▶	221.00
<b>TOTAL</b> 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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) <b>A. PAYCHEX, Inc.</b>		Date of Disbursement MM / DD / YYYY 12 / 08 / 2025	
Mailing Address 30 Knightsbridge Rd Ste 5		FEC Identification Number C [ ] <b>Transaction ID : 500101174</b>	
City Piscataway	State NJ	Zip Code 08854-3948	Amount of Each Disbursement this Period [ ] 67.00
Purpose of Disbursement payroll fee non-contribution account		Category/ Type [ ]	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) <b>B. PAYCHEX, Inc.</b>		Date of Disbursement MM / DD / YYYY 12 / 22 / 2025	
Mailing Address 30 Knightsbridge Rd Ste 5		FEC Identification Number C [ ] <b>Transaction ID : 500101175</b>	
City Piscataway	State NJ	Zip Code 08854-3948	Amount of Each Disbursement this Period [ ] 67.00
Purpose of Disbursement payroll fee non-contribution account		Category/ Type [ ]	Memo Item <input type="checkbox"/>
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:			

Full Name (Last, First, Middle Initial) <b>C. PNC Business Checking</b>		Date of Disbursement MM / DD / YYYY 07 / 03 / 2025	
Mailing Address 7235 Wisconsin Ave		FEC Identification Number C [ ] <b>Transaction ID : 500095541</b>	
City Bethesda	State MD	Zip Code 20814-4803	Amount of Each Disbursement this Period [ ] 181.14
Purpose of Disbursement payroll withholding non-contribution account		Category/ Type [ ]	Memo Item <input type="checkbox"/>
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 315.14
<b>TOTAL</b> 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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) <b>A. PNC Business Checking</b>		Date of Disbursement MM / DD / YYYY 07 / 18 / 2025
Mailing Address 7235 Wisconsin Ave		FEC Identification Number <b>C</b> Transaction ID : 500095542 Amount of Each Disbursement this Period 181.15
City Bethesda	State MD	
Zip Code 20814-4803	Purpose of Disbursement payroll withholding non-contribution account	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) <b>B. PNC Business Checking</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2025
Mailing Address 7235 Wisconsin Ave		FEC Identification Number <b>C</b> Transaction ID : 500096567 Amount of Each Disbursement this Period 181.15
City Bethesda	State MD	
Zip Code 20814-4803	Purpose of Disbursement payroll withholding non contribution account	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) <b>C. PNC Business Checking</b>		Date of Disbursement MM / DD / YYYY 08 / 15 / 2025
Mailing Address 7235 Wisconsin Ave		FEC Identification Number <b>C</b> Transaction ID : 500096568 Amount of Each Disbursement this Period 181.15
City Bethesda	State MD	
Zip Code 20814-4803	Purpose of Disbursement payroll withholding non contribution account	Memo Item <input type="checkbox"/>
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>SUBTOTAL</b> of Disbursements This Page (optional).....▶	543.45
<b>TOTAL</b> 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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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) <b>A. PNC Business Checking</b>		Date of Disbursement MM / DD / YYYY 08 / 28 / 2025
Mailing Address 7235 Wisconsin Ave		FEC Identification Number <b>C</b> <b>Transaction ID : 500096569</b> Amount of Each Disbursement this Period 181.14
City Bethesda	State MD	
Zip Code 20814-4803	Purpose of Disbursement payroll withholding non contribution account	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) <b>B. PNC Business Checking</b>		Date of Disbursement MM / DD / YYYY 09 / 12 / 2025
Mailing Address 7235 Wisconsin Ave		FEC Identification Number <b>C</b> <b>Transaction ID : 500098153</b> Amount of Each Disbursement this Period 181.14
City Bethesda	State MD	
Zip Code 20814-4803	Purpose of Disbursement payroll withholding non contribution account	Memo Item <input type="checkbox"/>
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:		

Full Name (Last, First, Middle Initial) <b>C. PNC Business Checking</b>		Date of Disbursement MM / DD / YYYY 09 / 26 / 2025
Mailing Address 7235 Wisconsin Ave		FEC Identification Number <b>C</b> <b>Transaction ID : 500098154</b> Amount of Each Disbursement this Period 181.16
City Bethesda	State MD	
Zip Code 20814-4803	Purpose of Disbursement payroll withholding non contribution account	Memo Item <input type="checkbox"/>
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)..... ▶

543.44

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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. PNC Business Checking**

Full Name (Last, First, Middle Initial)

Mailing Address 7235 Wisconsin Ave

City Bethesda State MD Zip Code 20814-4803

Purpose of Disbursement payroll withholding non-contribution account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 09 / 2025

FEC Identification Number: C

Transaction ID : 500101163

Amount of Each Disbursement this Period: 181.14

Memo Item

**B. PNC Business Checking**

Full Name (Last, First, Middle Initial)

Mailing Address 7235 Wisconsin Ave

City Bethesda State MD Zip Code 20814-4803

Purpose of Disbursement payroll withholding non-contribution account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 24 / 2025

FEC Identification Number: C

Transaction ID : 500101164

Amount of Each Disbursement this Period: 181.14

Memo Item

**C. PNC Business Checking**

Full Name (Last, First, Middle Initial)

Mailing Address 7235 Wisconsin Ave

City Bethesda State MD Zip Code 20814-4803

Purpose of Disbursement payroll withholding non-contribution account

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: 10 / 28 / 2025

FEC Identification Number: C

Transaction ID : 500101178

Amount of Each Disbursement this Period: 0.01

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 362.29

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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) <b>A. PNC Business Checking</b>		Date of Disbursement MM / DD / YYYY 11 / 07 / 2025
Mailing Address 7235 Wisconsin Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : 500101165</b>
City Bethesda	State MD	Zip Code 20814-4803
Purpose of Disbursement payroll withholding non-contribution account		Amount of Each Disbursement this Period [REDACTED] 181.15
Candidate Name		Memo Item <input type="checkbox"/>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>B. PNC Business Checking</b>		Date of Disbursement MM / DD / YYYY 11 / 21 / 2025
Mailing Address 7235 Wisconsin Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : 500101166</b>
City Bethesda	State MD	Zip Code 20814-4803
Purpose of Disbursement payroll withholding non-contribution account		Amount of Each Disbursement this Period [REDACTED] 181.14
Candidate Name		Memo Item <input type="checkbox"/>
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:	Category/Type	

Full Name (Last, First, Middle Initial) <b>C. PNC Business Checking</b>		Date of Disbursement MM / DD / YYYY 12 / 05 / 2025
Mailing Address 7235 Wisconsin Ave		FEC Identification Number C [REDACTED] <b>Transaction ID : 500101167</b>
City Bethesda	State MD	Zip Code 20814-4803
Purpose of Disbursement payroll withholding non-contribution account		Amount of Each Disbursement this Period [REDACTED] 181.16
Candidate Name		Memo Item <input type="checkbox"/>
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[REDACTED] 543.45
<b>TOTAL</b> This Period (last page this line number only).....▶	[REDACTED]

