

Late Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER POWERPAC.ORG VOTER FUND, A SPONSORED COMMITTEE OF POWERPAC.ORG			Date of This Filing _____ 10/08/2014 _____	Date Stamp Page 1 of 2	<div style="background-color: black; color: white; padding: 5px; font-weight: bold; font-size: 1.2em;"> CALIFORNIA FORM 496 </div> For Official Use Only
AREA CODE/PHONE NUMBER (415)442-0940	I.D. NUMBER (if applicable) 1285796	Report No. _____ 201403 _____			
STREET ADDRESS _____			<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY SAN FRANCISCO	STATE CA	ZIP CODE 94104	No. of Pages _____ 2 _____		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Dr. Jose F. Moreno			NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD/DISTRICT NO. Anaheim City Council	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/07/2014 - 10/07/2014	Phone Banks. Cumulative to date total \$20,044.50	\$2,845.00

Reason for Amendment:

Late Independent Expenditure Report

LATE INDEPENDENT EXPENDITURE REPORT

CALIFORNIA FORM 496

NAME OF FILER

I.D. NUMBER (If applicable)

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____%

*Major donor and independent expenditure committees that do not receive contributions are not required to complete Part 3.

**Contributor Codes
 IND - Individual
 COM - Recipient Committee (other than PTY or SCC)
 OTH - Other
 PTY - Political Party
 SCC - Small Contributor Committee

FPPC Form 496 (June/01)
 FPPC Toll-Free Helpline: 866/ASK-FPPC
 866/275-3772

496 Independent Expenditure Report

Type or print in ink.
Amounts may be rounded to whole dollars.

496 INDEPENDENT EXPENDITURE REPORT

NAME OF FILER PowerPAC Voter Fund		Date of This Filing <u>10/4/2014</u>	RECEIVED 2014 OCT -6 A 7:56 OFFICE OF CITY CLERK CITY OF ANAHEIM	CALIFORNIA FORM 496 For Official Use Only
AREA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1285796	Report No. <u>201401</u>		
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. _____ (explain below)		
CITY San Francisco	STATE CA	ZIP CODE 94104	No. of Pages _____	

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Dr Jose F. Moreno				NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD Anaheim City Council	DISTRICT NO.	SUPPORT X	OPPOSE	BALLOT NO./LETTER	JURISDICTION	SUPPORT	OPPOSE

2. Independent Expenditures Made *Attach additional information on appropriately labeled continuation sheets.*

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/3/2014	Javier Mendoza - Field Director Cumulative to date total \$1,600	1,600.00

Reason for Amendment: _____

496 24-HOUR INDEPENDENT EXPENDITURE REPORT

Type or print in ink.
Amounts may be rounded to whole dollars.

LATE INDEPENDENT EXPENDITURE REPORT

NAME OF FILER POWERPAC.ORG VOTER FUND, A SPONSORED COMMITTEE OF POWERPAC.ORG		Date of This Filing 10/7/2014	Date Stamp OCT 7 2014	CALIFORNIA FORM 496 For Official Use Only
ADFA CODE/PHONE NUMBER	I.D. NUMBER (if applicable) 1285796	Report No. 201402	2014 OCT -7 P 4: 20	
STREET ADDRESS		<input type="checkbox"/> Amendment to Report No. 000 (explain below)	OFFICE OF CITY CLERK CITY OF ANAHEIM	
CITY SAN FRANCISCO	STATE CA	ZIP CODE 94104		

1. List Only One Candidate or Ballot Measure

NAME OF CANDIDATE SUPPORTED OR OPPOSED Moreno Dr. Jose F.		NAME OF BALLOT MEASURE SUPPORTED OR OPPOSED			
OFFICE SOUGHT OR HELD/DISTRICT NO. Office Sought: Other: Anaheim City Council	SUPPORT X	OPPOSE	BALLOT NO /LETTER	JURISDICTION	SUPPORT / OPPOSE

2. Independent Expenditures Made Attach additional information on appropriately labeled continuation sheets.

DATE	DESCRIPTION OF EXPENDITURE	AMOUNT
10/6/2014 - 10/6/2014	Phone Banks. Cumulative to date total \$17,199.50	2500
10/6/2014 - 10/6/2014	Mailing Services and Postage. Cumulative to date total \$17,199.50	13099.5

Reason for Amendment: _____

FPPC Form 496 (June/01)
FPPC Toll-Free Helpline: 866/ASK-FPPC
866/275-3772

Page 1 of 2 10/07/2014 4:12

Fax: +1 (714) 765-4105

To:

Fax: (415) 541-9028

From: Lisa Le
4608-0

P. 001/002

No. : R372

10/07/2014 16:16

496 24-HOUR INDEPENDENT EXPENDITURE REPORT

LATE INDEPENDENT EXPENDITURE REPORT

CALIFORNIA FORM **496**

I.D. NUMBER (if applicable)
1285796

NAME OF FILER
POWERPAC.ORG VOTER FUND, A SPONSORED COMMITTEE OF POWERPAC.ORG

3. Contributions of \$100 or More Received*

DATE RECEIVED	FULL NAME, STREET ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE**	IF AN INDIVIDUAL, ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED	INTEREST RATES
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		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input checked="" type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %
		<input type="checkbox"/> IND <input type="checkbox"/> COM <input type="checkbox"/> OTH <input type="checkbox"/> PTY <input type="checkbox"/> SCC			If loan, enter interest rate, if any _____ %

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