

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
LATINO VICTORY FUND

ADDRESS (number and street) 700 14TH STREET NW, 2ND FLOOR
Check if different than previously reported. (ACC) WASHINGTON DC 20005

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00562777
3. IS THIS REPORT NEW OR AMENDED (A)
[x] (N)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report
(b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)
(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 09/01/2016 through 09/30/2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Le Brusq, Sara, , ,
Type or Print Name of Treasurer

Signature of Treasurer Le Brusq, Sara, , , [Electronically Filed] Date 10/19/2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

LATINO VICTORY FUND

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="2016"/>		76180.05
(b) Cash on Hand at Beginning of Reporting Period.....	173196.33	
(c) Total Receipts (from Line 19)	478344.00	1419336.63
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	651540.33	1495516.68
7. Total Disbursements (from Line 31).....	218725.71	1062702.06
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	432814.62	432814.62
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)	2000.00	

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

LATINO VICTORY FUND

Report Covering the Period: From: / / To: / /

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).....	5020.00	50570.00
(ii) Unitemized	474.00	5960.04
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	5494.00	56530.04
(b) Political Party Committees	0.00	500.00
(c) Other Political Committees (such as PACs).....	0.00	11000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	5494.00	68030.04
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.).....	472850.00	1351306.59
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)).....▶	478344.00	1419336.63
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	478344.00	1419336.63

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	270.44	14648.77
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	270.44	14648.77
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	20122.24	57622.24
24. Independent Expenditures (use Schedule E)	142802.67	649755.15
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	500.00
(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	500.00
29. Other Disbursements (Including Non-Federal Donations).....	55530.36	340175.90
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)) ..	218725.71	1062702.06
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	218725.71	1062702.06

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

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)	5494.00	68030.04
34. Total Contribution Refunds (from Line 28(d))	0.00	500.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5494.00	67530.04
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	270.44	14648.77
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	270.44	14648.77

**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 22
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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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)
LATINO VICTORY FUND

A. Khawaja, Andy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 9000 Sunset Blvd. #820
 City West Hollywood State CA Zip Code 90069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Allied Wallet Occupation (for Individual) CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 09 / 12 / 2016
Transaction ID : SA11AI.5229
 Amount of Each Receipt this Period 5000.00
 Memo Item

B. Mendez, James, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1030 North Shelter Bay
 City Hercules State CA Zip Code 94547
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Kaiser Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 220.00

Date of Receipt 09 / 25 / 2016
Transaction ID : SA11AI.5233
 Amount of Each Receipt this Period 20.00
 Memo Item
 Conduit: ActBlue

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
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	5020.00
TOTAL This Period (last page this line number only).....	5020.00

**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 22
<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)
LATINO VICTORY FUND

A. ACTBLUE

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

Mailing Address P.O. BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	25	/	2016

Transaction ID : SA11C.5234

Amount of Each Receipt this Period

20.00

Memo Item
 Total Received Through Conduit This Reporting Period

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

Amount of Each Receipt this Period

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Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	0.00

**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 8 OF 22
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LATINO VICTORY FUND

A. CHC BOLD PAC
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 75357

City WASHINGTON	State DC	Zip Code 20013
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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 ▼
592376.58

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	29	/	2016

Transaction ID : SA17.5255

Amount of Each Receipt this Period
250000.00

Memo Item
Non-contribution Account

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

Mailing Address 9000 Sunset Blvd. #820

City West Hollywood	State CA	Zip Code 90069
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Allied Wallet	Occupation (for Individual) CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9800.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	12	/	2016

Transaction ID : SA17.5231

Amount of Each Receipt this Period
4800.00

Memo Item
Non-contribution Account

C. PRIORITIES USA ACTION
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 601 13TH STREET NW
SUITE 610N

City WASHINGTON	State DC	Zip Code 20005
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FEC ID number of contributing federal political committee. **C** C00495861

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
79000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	09	/	2016

Transaction ID : SA17.5253

Amount of Each Receipt this Period
39000.00

Memo Item
Non-contribution Account

SUBTOTAL of Receipts This Page (optional).....	293800.00
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 9 OF 22
<input 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 checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LATINO VICTORY FUND

A. PRIORITIES USA ACTION

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

Mailing Address 601 13TH STREET NW
SUITE 610N

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00495861

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
258000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
09 / 16 / 2016

Transaction ID : SA17.5254

Amount of Each Receipt this Period
179000.00

Memo Item
Non-contribution Account

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 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 Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	179000.00
TOTAL This Period (last page this line number only).....▶	472800.00

**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)
LATINO VICTORY FUND

Full Name (Last, First, Middle Initial)

A. CT Corp

Mailing Address P.O. Box 4349

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Registered Agent Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 26 / 2016

FEC Identification Number

C
Transaction ID : SB21B.5237
Amount of Each Disbursement this Period
34.84

Memo Item

Full Name (Last, First, Middle Initial)

B. First Data Corporation

Mailing Address 5565 Glenridge Connector NE Suite 2000

City Atlanta State GA Zip Code 30342

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 02 / 2016

FEC Identification Number

C
Transaction ID : SB21B.5215
Amount of Each Disbursement this Period
234.81

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

MM / DD / YYYY

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)..... ▶

269.65
269.65

**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)

<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)
LATINO VICTORY FUND

A. BARRAGAN FOR CONGRESS

Full Name (Last, First, Middle Initial)

Mailing Address 1840 SOUTH GAFFEY STREET #421

City SAN PEDRO State CA Zip Code 90731

Purpose of Disbursement Contribution

Candidate Name
BARRAGAN, NANETTE, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 44

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2016

FEC Identification Number

C H6CA44103

Transaction ID : **SB23.5193**
Amount of Each Disbursement this Period

2500.00

Memo Item

B. FRIENDS OF BRADY WALKINSHAW

Full Name (Last, First, Middle Initial)

Mailing Address 119 1ST AVENUE SOUTH

City SEATTLE State WA Zip Code 98104

Purpose of Disbursement Contribution

Candidate Name
WALKINSHAW, BRADY PINERO, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: WA District: 07

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2016

FEC Identification Number

C H6WA07425

Transaction ID : **SB23.5197**
Amount of Each Disbursement this Period

5000.00

Memo Item

C. Latino Victory Project

Full Name (Last, First, Middle Initial)

Mailing Address 700 14th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement In-kind: Refreshments and Room Rental

Candidate Name
SOTO, DARREN, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: FL District: 09

Date of Disbursement

MM / DD / YYYY
09 / 29 / 2016

FEC Identification Number

C H6FL09179

Transaction ID : **SB23.5267**
Amount of Each Disbursement this Period

122.24

Memo Item

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

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

7622.24

**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)
LATINO VICTORY FUND

Full Name (Last, First, Middle Initial)

A. LORETTA SANCHEZ FOR SENATE

Mailing Address PO BOX 6037

City SANTA ANA State CA Zip Code 92706

Purpose of Disbursement Contribution

Candidate Name
SANCHEZ, LORETTA, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 00

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2016

FEC Identification Number

C S6CA00691

Transaction ID : SB23.5192

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. LOU CORREA FOR CONGRESS

Mailing Address 420 N TWIN OAKS VALLEY RD #2229

City SAN MARCOS State CA Zip Code 92079

Purpose of Disbursement Contribution

Candidate Name
CORREA, JOSE LUIS (LOU), , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 46

Date of Disbursement

MM / DD / YYYY
09 / 07 / 2016

FEC Identification Number

C H6CA46116

Transaction ID : SB23.5201

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

C. RUBEN KIHUEN FOR CONGRESS

Mailing Address P.O. BOX 458

City LAS VEGAS State NV Zip Code 89125

Purpose of Disbursement Contribution

Candidate Name
KIHUEN, RUBEN, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: NV District: 04

Date of Disbursement

MM / DD / YYYY
09 / 01 / 2016

FEC Identification Number

C H2NV00050

Transaction ID : SB23.5194

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)..... ▶

10000.00

**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)
LATINO VICTORY FUND

A. SALUD CARBAJAL FOR CONGRESS

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address PO BOX 1290

M M M	/	D D D	/	Y Y Y Y Y Y
09		07		2016

City SANTA BARBARA State CA Zip Code 93102

FEC Identification Number

Purpose of Disbursement
Contribution

C H6CA24303

Candidate Name
CARBAJAL, SALUD, , ,

Category/
Type

Transaction ID : SB23.5200

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼
State: CA District: 24

2500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City State Zip Code

FEC Identification Number

Purpose of Disbursement

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

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

City State Zip Code

FEC Identification Number

Purpose of Disbursement

C

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

Memo Item

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

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

2500.00
20122.24

**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

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)
LATINO VICTORY FUND

A. Capital One Bank

Full Name (Last, First, Middle Initial)

Mailing Address 925 15th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Bank Fee - Non-contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 26 / 2016

FEC Identification Number: C

Transaction ID : **SB29.5235**

Amount of Each Disbursement this Period: 25.00

Memo Item

B. Capital One Bank

Full Name (Last, First, Middle Initial)

Mailing Address 925 15th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Bank Fee - Non-contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 30 / 2016

FEC Identification Number: C

Transaction ID : **SB29.5236**

Amount of Each Disbursement this Period: 25.00

Memo Item

C. CT Corp

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 4349

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Registered Agent Fee - Non-contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 26 / 2016

FEC Identification Number: C

Transaction ID : **SB29.5238**

Amount of Each Disbursement this Period: 125.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 175.00

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)
LATINO VICTORY FUND

A. Latino Victory Project

Full Name (Last, First, Middle Initial)
Mailing Address 700 14th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement: Payroll Expenses - Non-contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 08 / 2016

FEC Identification Number: C
Transaction ID : SB29.5241
Amount of Each Disbursement this Period: 24889.83

Memo Item

B. Garcia, Martin Diego, , ,

Full Name (Last, First, Middle Initial)
Mailing Address 700 14th Street NW 2nd Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement: Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 08 / 2016

FEC Identification Number: C
Transaction ID : SB29.5241.0
Amount of Each Disbursement this Period: 6000.00

Memo Item

C. Le Brusq, Sara, , ,

Full Name (Last, First, Middle Initial)
Mailing Address 700 14th Street NW 2nd Floor

City Washington State DC Zip Code 20005

Purpose of Disbursement: Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 08 / 2016

FEC Identification Number: C
Transaction ID : SB29.5241.1
Amount of Each Disbursement this Period: 3999.84

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 24889.83

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)
LATINO VICTORY FUND

Full Name (Last, First, Middle Initial) A. Tobar, Pili, , ,		Date of Disbursement MM / DD / YYYY 09 / 08 / 2016	
Mailing Address 700 14th Street NW Suite 200		FEC Identification Number C [REDACTED] Transaction ID : SB29.5241.2 Amount of Each Disbursement this Period 4449.99	
City Washington	State DC	Zip Code 20005	Category/ Type
Purpose of Disbursement Salary			
Candidate Name		Memo Item <input checked="" 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:			

Full Name (Last, First, Middle Initial) B. Blanco, Cesar, , ,		Date of Disbursement MM / DD / YYYY 09 / 08 / 2016	
Mailing Address 700 14th Street NW 2nd Floor		FEC Identification Number C [REDACTED] Transaction ID : SB29.5241.3 Amount of Each Disbursement this Period 8640.00	
City Washington	State DC	Zip Code 20005	Category/ Type
Purpose of Disbursement Salary			
Candidate Name		Memo Item <input checked="" 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:			

Full Name (Last, First, Middle Initial) C. Torres, Jess, , ,		Date of Disbursement MM / DD / YYYY 09 / 08 / 2016	
Mailing Address 700 14th Street NW 2nd Floor		FEC Identification Number C [REDACTED] Transaction ID : SB29.5241.4 Amount of Each Disbursement this Period 1800.00	
City Washington	State DC	Zip Code 20005	Category/ Type
Purpose of Disbursement Salary			
Candidate Name		Memo Item <input checked="" 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:			

SUBTOTAL of Disbursements This Page (optional).....▶	0.00
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)
LATINO VICTORY FUND

A. Latino Victory Project

Full Name (Last, First, Middle Initial)

Mailing Address 700 14th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Payroll Taxes, Employee Benefits, Payroll Processing - Non-contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 08 / 2016

FEC Identification Number: C

Transaction ID : **SB29.5242**

Amount of Each Disbursement this Period: 3637.10

Memo Item

B. Latino Victory Project

Full Name (Last, First, Middle Initial)

Mailing Address 700 14th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Office Rent and Overhead - Non-contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 08 / 2016

FEC Identification Number: C

Transaction ID : **SB29.5243**

Amount of Each Disbursement this Period: 2828.43

Memo Item

C. Latino Victory Project

Full Name (Last, First, Middle Initial)

Mailing Address 700 14th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Travel Expenses - Non-contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 08 / 2016

FEC Identification Number: C

Transaction ID : **SB29.5244**

Amount of Each Disbursement this Period: 14000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 20465.53

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)
LATINO VICTORY FUND

Full Name (Last, First, Middle Initial) A. Main Street Development		Date of Disbursement MM / DD / YYYY 09 / 07 / 2016	
Mailing Address 411 S. Main Street Suite M100		FEC Identification Number C [] Transaction ID : SB29.5268 Amount of Each Disbursement this Period [] 5000.00	
City Los Angeles	State CA	Zip Code 90013	Category/ Type []
Purpose of Disbursement Fundraising Consulting - Non-contribution Account		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. Nashban Mansur LLC		Date of Disbursement MM / DD / YYYY 09 / 26 / 2016	
Mailing Address 360 W. 43rd Street #S9C		FEC Identification Number C [] Transaction ID : SB29.5239 Amount of Each Disbursement this Period [] 5000.00	
City New York	State NY	Zip Code 10036	Category/ Type []
Purpose of Disbursement Fundraising Consulting - Non-contribution Account		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 10000.00
TOTAL This Period (last page this line number only).....▶	[] 55530.36

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 19 OF 22
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
LATINO VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Switchboard Communications			Nature of Debt (Purpose): Online Advertising (Independent Expenditure, Support Darren Soto, House-FL-09, Primary 2016)
Mailing Address 1725 E Street NW Suite 900			
City Washington	State DC	Zip Code 20001	

Outstanding Balance Beginning This Period		Transaction ID : SD10.5157	
2000.00			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	2000.00	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	2000.00
2) TOTALS This Period (last page this line number only)..... ▶	2000.00
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	2000.00

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) LATINO VICTORY FUND	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00562777 </div>
---	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Ralston Lapp Media	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 06 / 2016</div>			
Mailing Address 1054 31st Street NW Suite 430	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">15612.77</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20007</td> </tr> </table>		City Washington	State DC	Zip Code 20007
City Washington		State DC	Zip Code 20007	
Purpose of Expenditure Media - Non-contribution Account				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">54015.77</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

Full Name of Payee <input type="checkbox"/> Memo Item Ralston Lapp Media	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y <div style="border: 1px solid black; padding: 2px; display: inline-block;">09 / 22 / 2016</div>			
Mailing Address 1054 31st Street NW Suite 430	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">1287.40</div>			
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City Washington</td> <td style="width:17%; padding: 2px;">State DC</td> <td style="width:50%; padding: 2px;">Zip Code 20007</td> </tr> </table>		City Washington	State DC	Zip Code 20007
City Washington		State DC	Zip Code 20007	
Purpose of Expenditure Media - Non-contribution Account				
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____			
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">94089.17</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____			

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;">16900.17</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Le Brusq, Sara, , ,

[Electronically Filed]

Date

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

10 / 19 / 2016

Signature

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) LATINO VICTORY FUND	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00562777 </div>
---	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Targeted Platform Media LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 20 / 2016						
Mailing Address 1291 Hollywood Avenue	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 38786.00 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City</td> <td style="width:33%; padding: 2px;">State</td> <td style="width:33%; padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;">Annapolis</td> <td style="padding: 2px;">MD</td> <td style="padding: 2px;">21403</td> </tr> </table>		City	State	Zip Code	Annapolis	MD	21403
City		State	Zip Code				
Annapolis	MD	21403					
Purpose of Expenditure Media - Non-contribution Account							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 92801.77 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item Targeted Platform Media LLC	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 27 / 2016						
Mailing Address 1291 Hollywood Avenue	Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 43664.50 </div>						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; padding: 2px;">City</td> <td style="width:33%; padding: 2px;">State</td> <td style="width:33%; padding: 2px;">Zip Code</td> </tr> <tr> <td style="padding: 2px;">Annapolis</td> <td style="padding: 2px;">MD</td> <td style="padding: 2px;">21403</td> </tr> </table>		City	State	Zip Code	Annapolis	MD	21403
City		State	Zip Code				
Annapolis	MD	21403					
Purpose of Expenditure Media - Non-contribution Account							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J, ,	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: _____ State: _____						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 137753.67 </div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> 82450.50 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> _____ </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 150px;"> _____ </div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature Le Brusq, Sara, , , **[Electronically Filed]** Date M M / D D / Y Y Y Y Y Y 10 / 19 / 2016

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
LATINO VICTORY FUND
FEC IDENTIFICATION NUMBER
C C00562777

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Targeted Platform Media LLC
Mailing Address 1291 Hollywood Avenue
City Annapolis State MD Zip Code 21403
Purpose of Expenditure Media - Non-contribution Account
Category/Type
Date of Public Distribution/Dissemination 10/04/2016
Amount 43452.00
Transaction ID : SE.5210
Date of Disbursement or Obligation 09/30/2016

Name of Federal Candidate: TRUMP, DONALD J, ,
Support Oppose
Office Sought: President
Disbursement For: General
Calendar Year-To-Date Per Election for Office Sought 181205.67

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support Oppose
Office Sought:
Disbursement For:
Calendar Year-To-Date Per Election for Office Sought

Table with 2 columns: Description and Amount. Rows include (a) SUBTOTAL of Itemized Independent Expenditures (43452.00), (a) SUBTOTAL of Unitemized Independent Expenditures, and (a) TOTAL Independent Expenditures (142802.67).

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Le Brusq, Sara, ,

[Electronically Filed]

Date

10/19/2016

Signature