

# 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.   
**LATINO VICTORY PAC**

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
 3. IS THIS REPORT  NEW (N) OR  AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day PRE-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  in the State of   
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  in the State of

5. Covering Period  07 / 01 / 2014 through  09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Maria Lizet Ocampo

Signature of Treasurer Maria Lizet Ocampo [Electronically Filed] Date  10 / 09 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**LATINO VICTORY 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="2014"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1096.31"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="49554.00"/>	<input type="text" value="54925.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="50650.31"/>	<input type="text" value="54925.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="39310.03"/>	<input type="text" value="43584.72"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="11340.28"/>	<input type="text" value="11340.28"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name  
**LATINO VICTORY PAC**

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).....	39000.00	43500.00
(ii) Unitemized .....	554.00	1425.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	39554.00	44925.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	49554.00	54925.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total 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))..... ▶	49554.00	54925.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	49554.00	54925.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

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 .....	9810.03	14084.72
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	9810.03	14084.72
22. Transfers to Affiliated/Other Party Committees.....	250.00	250.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	9250.00	9250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	10000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	19250.00	19250.00
29. Other Disbursements .....	10000.00	10000.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	39310.03	43584.72
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	39310.03	43584.72

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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) .....	49554.00	54925.00
34. Total Contribution Refunds (from Line 28(d)) .....	19250.00	19250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	30304.00	35675.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	9810.03	14084.72
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	9810.03	14084.72

**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 21
<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)  
**LATINO VICTORY PAC**

**A. Rosalina Cardenas**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5999 Center Drive  
City Los Angeles State CA Zip Code 90045  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Political & Advocacy Group Occupation Vice President  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **500.00**

Date of Receipt **09 / 26 / 2014**  
**Transaction ID : SA11AI.4223**  
Amount of Each Receipt this Period **500.00**

**B. Corinthian Medical IPA**  
Full Name (Last, First, Middle Initial)  
Mailing Address 5030 Broadway Suite 821  
City New York State NY Zip Code 10034  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Occupation  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **5000.00**

Date of Receipt **08 / 13 / 2014**  
**Transaction ID : SA11AI.4170**  
Amount of Each Receipt this Period **5000.00**  
Contribution Refund Issued 9/5/2014

**C. Chris Findlater**  
Full Name (Last, First, Middle Initial)  
Mailing Address 6538 Collins Street #513  
City Miami Beach State FL Zip Code 33141  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Self-employed Occupation Adventure Capitalist  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date **5000.00**

Date of Receipt **09 / 07 / 2014**  
**Transaction ID : SA11AI.4188**  
Amount of Each Receipt this Period **5000.00**  
Conduit: ActBlue

**SUBTOTAL** of Receipts This Page (optional)..... **10500.00**  
**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 7 OF 21
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY PAC**

**A. Swanee Hunt**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 168 Brattle Street  
 City Cambridge State MA Zip Code 02138  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Hunt Alternatives Fund Founder and President  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 5000.00

Date of Receipt  
 09 / 03 / 2014  
**Transaction ID : SA11AI.4194**  
 Amount of Each Receipt this Period  
 5000.00

**B. John A. Loredo & Associates LLC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2321 E. Kowker Street  
 City Phoenix State AZ Zip Code 85040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 08 / 09 / 2014  
**Transaction ID : SA11AI.4186**  
 Amount of Each Receipt this Period  
 500.00

**C. John A. Loredo**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2321 E. Kowker Street  
 City Phoenix State AZ Zip Code 85040  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Self-employed Consultant  
 Receipt For:  
 Primary  General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 500.00

Date of Receipt  
 08 / 09 / 2014  
**Transaction ID : SA11AI.4186.0**  
 Amount of Each Receipt this Period  
 500.00  
 Permissible Funds  
**[MEMO ITEM]**

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 5500.00  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY PAC**

Full Name (Last, First, Middle Initial) <b>A. Dania Leemputte</b>		Date of Receipt MM / DD / YYYY 09 / 26 / 2014 <b>Transaction ID : SA11AI.4221</b>
Mailing Address 135 Old Green Bay		Amount of Each Receipt this Period 500.00
City Winnetka	State IL	Zip Code 60093
FEC ID number of contributing federal political committee. C	Name of Employer Self-employed	Occupation Community Volunteer
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Leopoldo Martinez</b>		Date of Receipt MM / DD / YYYY 09 / 22 / 2014 <b>Transaction ID : SA11AI.4196</b>
Mailing Address 7817 Falstaff Road		Amount of Each Receipt this Period 5000.00
City McLean	State VA	Zip Code 22102
FEC ID number of contributing federal political committee. C	Name of Employer LMN Consulting	Occupation Managing Partner
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) <b>C. Elizabeth V. Patino</b>		Date of Receipt MM / DD / YYYY 09 / 23 / 2014 <b>Transaction ID : SA11AI.4200</b>
Mailing Address 550 Biltmore Way Suite 740		Amount of Each Receipt this Period 2500.00
City Coral Gables	State FL	Zip Code 33134
FEC ID number of contributing federal political committee. C	Name of Employer Self-employed	Occupation Attorney
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	8000.00
<b>TOTAL</b> 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 21
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY PAC**

**A. Ralph G. Patino**  
Full Name (Last, First, Middle Initial)

Mailing Address 550 Biltmore Way Suite 740

City State Zip Code  
Coral Gables FL 33134

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

Name of Employer Occupation  
Self-employed Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
07 / 22 / 2014

**Transaction ID : SA11AI.4149**

Amount of Each Receipt this Period  
5000.00

**B. Roberto Prats-Palerm**  
Full Name (Last, First, Middle Initial)

Mailing Address 1506 Calle Martin Travieso

City State Zip Code  
San Juan PR 00911

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

Name of Employer Occupation  
Self-employed Attorney

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
09 / 23 / 2014

**Transaction ID : SA11AI.4198**

Amount of Each Receipt this Period  
5000.00

**C. Ross I. Romero**  
Full Name (Last, First, Middle Initial)

Mailing Address 1150 South 1400 East

City State Zip Code  
Salt Lake City UT 84105

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

Name of Employer Occupation  
Community Development Group Vice President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  
M M M / D D D / Y Y Y Y Y Y  
08 / 25 / 2014

**Transaction ID : SA11AI.4162**

Amount of Each Receipt this Period  
2500.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	12500.00
<b>TOTAL</b> 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 10 OF 21
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY PAC**

Full Name (Last, First, Middle Initial) <b>A. Ross I. Romero</b>		Date of Receipt MM / DD / YYYY 09 / 24 / 2014
Mailing Address 1150 South 1400 East		<b>Transaction ID : SA11AI.4202</b>
City Salt Lake City	State UT	Zip Code 84105
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00	
Name of Employer Community Development Group	Occupation Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4500.00	

Full Name (Last, First, Middle Initial) <b>B. Sarah Valdovinos</b>		Date of Receipt MM / DD / YYYY 09 / 28 / 2014
Mailing Address 245 E. 25th Street #21K		<b>Transaction ID : SA11AI.4225</b>
City New York	State NY	Zip Code 10010
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Walden Green Energy	Occupation Managing Partner	Conduit: ActBlue
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	39000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 21  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY PAC**

Full Name (Last, First, Middle Initial)  
**A. ACTBLUE**

Mailing Address P.O. BOX 441146

City State Zip Code  
SOMERVILLE MA 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

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 / 30 / 2014  
**Transaction ID : SA11C.4217**

Amount of Each Receipt this Period  
 5500.00

Total Received Through Conduit This Period

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)  
**B. The AEA Fund for Public Education**

Mailing Address 345 East Palm Lane

City State Zip Code  
Phoenix AZ 85004

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 09 / 2014  
**Transaction ID : SA11C.4184**

Amount of Each Receipt this Period  
 5000.00

Full Name (Last, First, Middle Initial)  
**C. United Food and Commerical Workers Local 99 PAC**

Mailing Address 2401 N. Central 2nd Floor

City State Zip Code  
Phoenix AZ 85004

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 08 / 09 / 2014  
**Transaction ID : SA11C.4182**

Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> 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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY PAC**

Full Name (Last, First, Middle Initial)

**A. ActBlue Technical Services**

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement  
Credit Card Processing Fees

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
09 / 28 / 2014

**Transaction ID : SB21B.4231**

Amount of Each Disbursement this Period

19.75

Category/Type

Full Name (Last, First, Middle Initial)

**B. Cristobal J. Alex**

Mailing Address 1123 Michigan Avenue NE

City Washington State DC Zip Code 20017

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2014

**Transaction ID : SB21B.4146**

Amount of Each Disbursement this Period

2012.73

Category/Type

Full Name (Last, First, Middle Initial)

**C. Hilton Americas-Houston**

Mailing Address 1600 Lamar

City Houston State TX Zip Code 77010

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President

State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2014

**Transaction ID : SB21B.4146.0**

Amount of Each Disbursement this Period

1462.73

Category/Type

**[MEMO ITEM]**

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

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

2032.48

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY PAC**

Full Name (Last, First, Middle Initial)

**A. Marriott Coronado**

Mailing Address 2000 2nd Street

City Coronado State CA Zip Code 92118

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

MM / DD / YYYY  
08 / 22 / 2014

**Transaction ID : SB21B.4146.1**

Amount of Each Disbursement this Period

550.00

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

**B. Capitol One**

Mailing Address 925 15th Street NW

City Washington State DC Zip Code 20005

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  
07 / 29 / 2014

**Transaction ID : SB21B.4139**

Amount of Each Disbursement this Period

9.95

Full Name (Last, First, Middle Initial)

**C. Capitol One**

Mailing Address 925 15th Street NW

City Washington State DC Zip Code 20005

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  
08 / 09 / 2014

**Transaction ID : SB21B.4140**

Amount of Each Disbursement this Period

6.89

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

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

16.84

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY PAC**

Full Name (Last, First, Middle Initial)

**A. Capitol One**

Mailing Address 925 15th Street NW

City Washington State DC Zip Code 20005

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

M M / D D / Y Y Y Y Y Y  
08 / 25 / 2014

**Transaction ID : SB21B.4141**

Amount of Each Disbursement this Period

73.75

Full Name (Last, First, Middle Initial)

**B. Capitol One**

Mailing Address 925 15th Street NW

City Washington State DC Zip Code 20005

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

M M / D D / Y Y Y Y Y Y  
08 / 29 / 2014

**Transaction ID : SB21B.4142**

Amount of Each Disbursement this Period

9.95

Full Name (Last, First, Middle Initial)

**C. Capitol One**

Mailing Address 925 15th Street NW

City Washington State DC Zip Code 20005

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

M M / D D / Y Y Y Y Y Y  
09 / 22 / 2014

**Transaction ID : SB21B.4212**

Amount of Each Disbursement this Period

147.50

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

231.20

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY PAC**

Full Name (Last, First, Middle Initial)

**A. Capitol One**

Mailing Address 925 15th Street NW

City Washington State DC Zip Code 20005

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

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	3		2	0	1	4

**Transaction ID : SB21B.4213**

Amount of Each Disbursement this Period

7	3	.	7	5
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Full Name (Last, First, Middle Initial)

**B. Capitol One**

Mailing Address 925 15th Street NW

City Washington State DC Zip Code 20005

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

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	1	4

**Transaction ID : SB21B.4215**

Amount of Each Disbursement this Period

5	9	.	0	0
---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Capitol One**

Mailing Address 925 15th Street NW

City Washington State DC Zip Code 20005

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

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	6		2	0	1	4

**Transaction ID : SB21B.4230**

Amount of Each Disbursement this Period

2	9	.	5	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

1	6	.	2	5
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**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY PAC**

Full Name (Last, First, Middle Initial)

**A. Capitol One**

Mailing Address 925 15th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Bank 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 / 29 / 2014

**Transaction ID : SB21B.4232**

Amount of Each Disbursement this Period

9.95

Full Name (Last, First, Middle Initial)

**B. Latino Victory Project**

Mailing Address 700 14th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Office Overhead & Admin Expenses

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 25 / 2014

**Transaction ID : SB21B.4228**

Amount of Each Disbursement this Period

885.70

Full Name (Last, First, Middle Initial)

**C. Sara Le Brusq**

Mailing Address 700 14th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Catering

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
09 / 24 / 2014

**Transaction ID : SB21B.4214**

Amount of Each Disbursement this Period

1450.00

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

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

2345.65

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY PAC**

Full Name (Last, First, Middle Initial)

**A. Marriott Coronado**

Mailing Address 2000 2nd Street

City Coronado State CA Zip Code 92118

Purpose of Disbursement  
Catering

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
0	9		2	4		2	0	1	4

**Transaction ID : SB21B.4214.0**

Amount of Each Disbursement this Period

1	4	5	0	0	0
---	---	---	---	---	---

**[MEMO ITEM]**

Full Name (Last, First, Middle Initial)

**B. Maria Lizet Ocampo**

Mailing Address 700 14th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Fundraising Consulting

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
0	8		1	9		2	0	1	4

**Transaction ID : SB21B.4143**

Amount of Each Disbursement this Period

3	8	3	3	3	3
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

**C. Maria Lizet Ocampo**

Mailing Address 700 14th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement  
Fundraising Consulting

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
0	9		2	5		2	0	1	4

**Transaction ID : SB21B.4227**

Amount of Each Disbursement this Period

8	3	3	3	3	3
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

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

4	6	6	6	6	6
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9	4	5	5	0	8
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**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 checked="" type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY PAC**

Full Name (Last, First, Middle Initial)

**A. THE LATINO FUND**

Mailing Address 1123 MICHIGAN AVENUE NE

City WASHINGTON State DC Zip Code 20017

Purpose of Disbursement  
Advance Funds to Joint Fundraising Representative

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	1	4

**Transaction ID : SB22.4205**

Amount of Each Disbursement this Period

2	5	0	0	.	0	0
---	---	---	---	---	---	---

Category/  
Type

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) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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Category/  
Type

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) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

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Category/  
Type

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

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

2	5	0	0	.	0	0
---	---	---	---	---	---	---

2	5	0	0	.	0	0
---	---	---	---	---	---	---

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input checked="" type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY PAC**

Full Name (Last, First, Middle Initial)

**A. Cristobal J. Alex**

Mailing Address 1123 Michigan Avenue NE

City Washington State DC Zip Code 20017

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
08 / 22 / 2014

**Transaction ID : SB28A.4144**

Amount of Each Disbursement this Period

4175.00

Full Name (Last, First, Middle Initial)

**B. Corinthian Medical IPA**

Mailing Address 5030 Broadway Suite 821

City New York State NY Zip Code 10034

Purpose of Disbursement  
Contribution Refund

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M /  D D D /  Y Y Y Y Y Y  
09 / 05 / 2014

**Transaction ID : SB28A.4208**

Amount of Each Disbursement this Period

5000.00

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

Amount of Each Disbursement this Period

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

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

9175.00

9175.00

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input checked="" type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY PAC**

Full Name (Last, First, Middle Initial)

### A. The AEA Fund for Public Education

Date of Disbursement

Mailing Address 345 East Palm Lane

M M M	/	D D D	/	Y Y Y Y Y Y
09		15		2014

City Phoenix State AZ Zip Code 85004

Transaction ID : **SB28C.4211**

Purpose of Disbursement  
Contribution Refund

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

5000.00
---------

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### B. United Food and Commerical Workers Local 99 PAC

Date of Disbursement

Mailing Address 2401 N. Central 2nd Floor

M M M	/	D D D	/	Y Y Y Y Y Y
09		05		2014

City Phoenix State AZ Zip Code 85004

Transaction ID : **SB28C.4210**

Purpose of Disbursement  
Contribution Refund

Amount of Each Disbursement this Period

Candidate Name

Category/  
Type

5000.00
---------

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

### C.

Date of Disbursement

Mailing Address

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

City State Zip Code

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

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

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

10000.00
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10000.00
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# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY PAC**

Full Name (Last, First, Middle Initial)

### A. Charlie Crist for Florida

Mailing Address 150 E. Robinson Street #3502

City Orlando State FL Zip Code 32801

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	23	/	2014

Transaction ID : SB29.4147

Amount of Each Disbursement this Period

10000.00
----------

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

Amount of Each Disbursement this Period

--

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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

10000.00
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10000.00
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