

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) PO BOX 34104
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 (N) (A)

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, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 06 01 2021 through 06 30 2021

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

Type or Print Name of Treasurer

Signature of Treasurer Gonzalez, Maria, R., [Electronically Filed] Date 07 18 2021

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="2021"/>	<input type="text" value="807883.91"/>	<input type="text" value="807883.91"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="731724.74"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="21636.57"/>	<input type="text" value="205829.85"/>
(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="753361.31"/>	<input type="text" value="1013713.76"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="73338.90"/>	<input type="text" value="333691.35"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="680022.41"/>	<input type="text" value="680022.41"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

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).....	1350.00	2300.00
(ii) Unitemized	536.57	3611.42
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1886.57	5911.42
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	1886.57	10911.42
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	9896.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	19750.00	185022.43
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)).....▶	21636.57	205829.85
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	21636.57	205829.85

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	918.06	2396.90
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	918.06	2396.90
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	10000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	30.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5030.00
29. Other Disbursements (Including Non-Federal Donations).....	72420.84	316264.45
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)) ..	73338.90	333691.35
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	73338.90	333691.35

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)	1886.57	10911.42
34. Total Contribution Refunds (from Line 28(d))	0.00	5030.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1886.57	5881.42
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	918.06	2396.90
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	9896.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	918.06	- 7499.10

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 25
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
LATINO VICTORY FUND

A. Carrillo, Albert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1604 Shell Ave.
 City Midland State TX Zip Code 79705
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Senovia Foods LLC. Occupation (for Individual) Self-employed
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 06 / 2021
Transaction ID : SA11AI.4686
 Amount of Each Receipt this Period 200.00
 Memo Item
 Conduit: ActBlue

B. Freedman, Herbert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1185 Park Avenue 5C
 City New York State NY Zip Code 10128
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 20 / 2021
Transaction ID : SA11AI.4712
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Conduit: ActBlue

C. Jensen, Veronica, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 61380 Pinehurst Dr
 City Washington State MI Zip Code 48094
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Not Employed Occupation (for Individual) Not Employed
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 13 / 2021
Transaction ID : SA11AI.4708
 Amount of Each Receipt this Period 50.00
 Memo Item
 Conduit: ActBlue

SUBTOTAL of Receipts This Page (optional).....	1250.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 7 OF 25
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LATINO VICTORY FUND

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Solis Doyle, Patti, , ,

Mailing Address 3719 Morrison Street

City Washington	State DC	Zip Code 20015
--------------------	-------------	-------------------

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

Name of Employer (for Individual) The Brunswick Group	Occupation (for Individual) Partner
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt
MM / DD / YYYY
06 / 20 / 2021

Transaction ID : SA11AI.4717

Amount of Each Receipt this Period
100.00

Memo Item
Conduit: ActBlue

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

Mailing Address

City	State	Zip Code
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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
MM / DD / YYYY

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
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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
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	1350.00

**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 25
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
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	/	D D	/	Y Y Y Y
06		30		2021

Transaction ID : SA11C.4786

Amount of Each Receipt this Period

1876.57

Memo Item
 Total Received Through Conduit This Reporting Period- Federal Account

B.

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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Memo Item

C.

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

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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 9 OF 25
<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. 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
--------------------	-------------	-------------------

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
06		30		2021

Transaction ID : SA17.4787

Amount of Each Receipt this Period

19750.00

Memo Item
 Total Received Through Conduit This Reporting Period, Non-contribution Account

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

Mailing Address 31 Hudson Yards

City New York	State NY	Zip Code 10001
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FEC ID number of contributing federal political committee. **C**

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

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
06		16		2021

Transaction ID : SA17.4778

Amount of Each Receipt this Period

1500.00

Memo Item
 Conduit: ActBlue; Non-contribution Account

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

Mailing Address 5317 16th Street NW

City Washington	State DC	Zip Code 20011
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) DSG	Occupation (for Individual) Consultant
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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
06		23		2021

Transaction ID : SA17.4782

Amount of Each Receipt this Period

1000.00

Memo Item
 Conduit: ActBlue; Non-contribution Account

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 25
<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. Golden, Sylvia, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 126 East 70th Street

City New York	State NY	Zip Code 10021
------------------	-------------	-------------------

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

Name of Employer (for Individual) Star Stainless Screw Company	Occupation (for Individual) Executive
---	--

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
06	/	16	/	2021

Transaction ID : SA17.4780

Amount of Each Receipt this Period
5000.00

Memo Item
Conduit: ActBlue; Non-contribution Account

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

Mailing Address 360 Hamilton Avenue Suite 100

City White Plains	State NY	Zip Code 10601
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed
---	---

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
06	/	16	/	2021

Transaction ID : SA17.4776

Amount of Each Receipt this Period
5000.00

Memo Item
Conduit: ActBlue; Non-contribution Account

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

Mailing Address 1290 Balls Hill Road

City McLean	State VA	Zip Code 22101
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) LMN Consulting LLC	Occupation (for Individual) Consultant
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
3500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2021

Transaction ID : SA17.4749

Amount of Each Receipt this Period
250.00

Memo Item
Conduit: ActBlue; Non-contribution Account

SUBTOTAL of Receipts This Page (optional).....	10250.00
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 11 OF 25
<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. Nikitine, Vadim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3134 Ellicott Street NW
 City Washington State DC Zip Code 20008
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CCMUS Occupation (for Individual) Real Estate
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 23 / 2021
Transaction ID : SA17.4784
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Conduit: ActBlue; Non-contribution Account

B. Rose, Nancy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 888 7th Avenue 19th Floor
 City New York State NY Zip Code 10106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Schreck Rose Dapello Occupation (for Individual) Lawyer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 06 / 16 / 2021
Transaction ID : SA17.4774
 Amount of Each Receipt this Period 2500.00
 Memo Item
 Conduit: ActBlue; Non-contribution Account

C. Sanchez, Jose, R., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1040 North Lake Shore Drive
 City Chicago State IL Zip Code 60611
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Norwegia America Hospital Occupation (for Individual) President/CEO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 16 / 2021
Transaction ID : SA17.4772
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Conduit: ActBlue; Non-contribution Account

SUBTOTAL of Receipts This Page (optional).....	4500.00
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 12 OF 25
(check only one)

<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. Seller, Jeffrey, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 54 Riverside Drive Apt. 1AA

City New York	State NY	Zip Code 10024
------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-employed	Occupation (for Individual) Theatre Producer
--	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	16	/	2021

Transaction ID : SA17.4770

Amount of Each Receipt this Period
2500.00

Memo Item
Conduit: ActBlue; 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
-----	---	-----	---	---------

Amount of Each Receipt this Period

Memo Item

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

Mailing Address

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

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	19750.00

**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. 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
06 / 06 / 2021

FEC Identification Number

C
Transaction ID : SB21B.4743
Amount of Each Disbursement this Period
14.62

Memo Item

Full Name (Last, First, Middle Initial)

B. 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
06 / 13 / 2021

FEC Identification Number

C
Transaction ID : SB21B.4744
Amount of Each Disbursement this Period
6.93

Memo Item

Full Name (Last, First, Middle Initial)

C. 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
06 / 20 / 2021

FEC Identification Number

C
Transaction ID : SB21B.4745
Amount of Each Disbursement this Period
46.68

Memo Item

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

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

68.23

**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. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 27 / 2021
Mailing Address 366 Summer Street		FEC Identification Number C Transaction ID : SB21B.4746 Amount of Each Disbursement this Period 3.51
City Somerville	State MA	
Zip Code 02144		Memo Item <input type="checkbox"/>
Purpose of Disbursement Credit Card Processing Fees		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 30 / 2021
Mailing Address 366 Summer Street		FEC Identification Number C Transaction ID : SB21B.4747 Amount of Each Disbursement this Period 2.55
City Somerville	State MA	
Zip Code 02144		Memo Item <input type="checkbox"/>
Purpose of Disbursement Credit Card Processing Fees		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. Burns, Whitney, W, ,		Date of Disbursement MM / DD / YYYY 06 / 30 / 2021
Mailing Address PO Box 1174		FEC Identification Number C Transaction ID : SB21B.4756 Amount of Each Disbursement this Period 790.38
City Springfield	State VA	
Zip Code 22151		Memo Item <input type="checkbox"/>
Purpose of Disbursement Financial Compliance		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

796.44

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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 Corporation

Mailing Address PO Box 4349

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Registered Agent Service

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2021

FEC Identification Number

C

Transaction ID : SB21B.4752

Amount of Each Disbursement this Period

27.94

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

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)..... ▶

27.94

892.61

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. ActBlue Technical Services

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Credit Card Processing Fees; Non-contribution Account

Candidate Name

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

Date of Disbursement

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

FEC Identification Number

C []
Transaction ID : SB29.4763
 Amount of Each Disbursement this Period
 [] 691.25

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Credit Card Processing Fees; Non-contribution Account

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	3		2	0	2	1		

FEC Identification Number

C []
Transaction ID : SB29.4769
 Amount of Each Disbursement this Period
 [] 79.00

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Credit Card Processing Fees; Non-contribution Account

Candidate Name

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

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	2	1		

FEC Identification Number

C []
Transaction ID : SB29.4750
 Amount of Each Disbursement this Period
 [] 9.88

Memo Item

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

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

[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]	[]
											780.13

**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. Adames, Johany, , ,

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 34104

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: 06 / 22 / 2021

FEC Identification Number: C

Transaction ID : SB29.4806

Amount of Each Disbursement this Period: 521.72

Memo Item

B. Element NYTS

Full Name (Last, First, Middle Initial)

Mailing Address 311 W. 39th Street

City New York State NY Zip Code 10018

Purpose of Disbursement Travel Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 22 / 2021

FEC Identification Number: C

Transaction ID : SB29.4806.0

Amount of Each Disbursement this Period: 211.26

Memo Item

C. American Airlines

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 619616

City DFW Airport State TX Zip Code 75261

Purpose of Disbursement Travel Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 22 / 2021

FEC Identification Number: C

Transaction ID : SB29.4806.2

Amount of Each Disbursement this Period: 178.40

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 521.72

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. Burns, Whitney, W, ,		Date of Disbursement MM / DD / YYYY 06 / 30 / 2021	
Mailing Address PO Box 1174		FEC Identification Number C [REDACTED] Transaction ID : SB29.4757 Amount of Each Disbursement this Period [REDACTED] 7113.37	
City Springfield	State VA	Zip Code 22151	Category/ Type [REDACTED]
Purpose of Disbursement Financial Compliance; 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) ▼		<input type="checkbox"/> Memo Item
State: _____	District: _____		

Full Name (Last, First, Middle Initial) B. CT Corporation		Date of Disbursement MM / DD / YYYY 06 / 23 / 2021	
Mailing Address PO Box 4349		FEC Identification Number C [REDACTED] Transaction ID : SB29.4753 Amount of Each Disbursement this Period [REDACTED] 251.41	
City Carol Stream	State IL	Zip Code 60197	Category/ Type [REDACTED]
Purpose of Disbursement Registered Agent Service; 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) ▼		<input type="checkbox"/> Memo Item
State: _____	District: _____		

Full Name (Last, First, Middle Initial) C. DSPolitical LLC		Date of Disbursement MM / DD / YYYY 06 / 21 / 2021	
Mailing Address 1250 H Street NW Suite 200		FEC Identification Number C [REDACTED] Transaction ID : SB29.4766 Amount of Each Disbursement this Period [REDACTED] 25000.00	
City Washington	State DC	Zip Code 20005	Category/ Type [REDACTED]
Purpose of Disbursement Digital Advertising; 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) ▼		<input type="checkbox"/> Memo Item
State: _____	District: _____		

SUBTOTAL of Disbursements This Page (optional).....▶	[REDACTED] 32364.78
TOTAL This Period (last page this line number only).....▶	[REDACTED]

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

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

FOR LINE NUMBER:
(check only one)

<input 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. Fishito Films Productions		Date of Disbursement MM / DD / YYYY 06 / 16 / 2021
Mailing Address 1057 Ponce de Leon Avenue #6		FEC Identification Number C [] Transaction ID : SB29.4764 Amount of Each Disbursement this Period [] 750.00
City San Juan	State PR	Zip Code 00907
Purpose of Disbursement Stage Design; Non-contribution Account		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Gutierrez, Yvonne, , ,		Date of Disbursement MM / DD / YYYY 06 / 22 / 2021
Mailing Address PO Box 34104		FEC Identification Number C [] Transaction ID : SB29.4788 Amount of Each Disbursement this Period [] 1044.87
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Travel Expenses, Non-contribution Account		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. American Airlines		Date of Disbursement MM / DD / YYYY 06 / 22 / 2021
Mailing Address PO Box 619616		FEC Identification Number C [] Transaction ID : SB29.4788.0 Amount of Each Disbursement this Period [] 486.80
City DFW Airport	State TX	Zip Code 75261
Purpose of Disbursement Travel Expenses		Category/ Type []
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

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

[] 1794.87

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. Haya Ayala for Lt. Governor		Date of Disbursement MM / DD / YYYY 06 / 03 / 2021
Mailing Address PO Box 1818		FEC Identification Number C [REDACTED] Transaction ID : SB29.4751 Amount of Each Disbursement this Period 5000.00
City Woodbridge	State VA	Zip Code 22195
Purpose of Disbursement Contribution; Non-contribution Account		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Kloosterman, Tomas, , ,		Date of Disbursement MM / DD / YYYY 06 / 22 / 2021
Mailing Address PO Box 34104		FEC Identification Number C [REDACTED] Transaction ID : SB29.4839 Amount of Each Disbursement this Period 899.67
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Travel Expenses, Non-contribution Account		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Amtrak		Date of Disbursement MM / DD / YYYY 06 / 22 / 2021
Mailing Address 50 Massachusetts Avenue NW		FEC Identification Number C [REDACTED] Transaction ID : SB29.4839.0 Amount of Each Disbursement this Period 348.00
City Washington	State DC	Zip Code 20001
Purpose of Disbursement Travel Expenses		Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:	<input checked="" type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional)..... ▶	5899.67
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. AC Hotel NYTS

Mailing Address 260 W 40th Street

City New York State NY Zip Code 10018

Purpose of Disbursement
Travel Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2021

FEC Identification Number

C

Transaction ID : SB29.4839.1

Amount of Each Disbursement this Period

352.67

Memo Item

Full Name (Last, First, Middle Initial)

B. Boqueria

Mailing Address 260 W. 40th Street

City New York State NY Zip Code 10018

Purpose of Disbursement
Food and Beverage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify)

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 22 / 2021

FEC Identification Number

C

Transaction ID : SB29.4839.3

Amount of Each Disbursement this Period

114.47

Memo Item

Full Name (Last, First, Middle Initial)

C. Paya Inc.

Mailing Address 12120 Sunset Hills Road #500

City Reston State VA Zip Code 20190

Purpose of Disbursement
Credit Card Processing Fees; Non-contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 02 / 2021

FEC Identification Number

C

Transaction ID : SB29.4759

Amount of Each Disbursement this Period

22.50

Memo Item

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

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

22.50

**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. Paya Inc.

Mailing Address 12120 Sunset Hills Road #500

City Reston State VA Zip Code 20190

Purpose of Disbursement
Credit Card Processing Fees; Non-contribution Account

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.4760
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

B. Rayes, Nathalie, , ,

Mailing Address PO Box 34104

City Washington State DC Zip Code 20005

Purpose of Disbursement
Event Concessions, Non-contribution Account

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.4828
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C. AMC Theater

Mailing Address 234 W 42nd Street

City New York State NY Zip Code 10036

Purpose of Disbursement
Event Concessions

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : SB29.4828.0
Amount of Each Disbursement this Period

Memo Item

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

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

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

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

FOR LINE NUMBER:
(check only one)

<input 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. Rayes, Nathalie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 34104

City Washington State DC Zip Code 20005

Purpose of Disbursement Event Catering, Non-contribution Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 06 / 22 / 2021

FEC Identification Number C

Transaction ID : SB29.4831

Amount of Each Disbursement this Period 2055.56

Memo Item

B. Dear Irving

Full Name (Last, First, Middle Initial)

Mailing Address 310 W 40th Street

City New York State NY Zip Code 10018

Purpose of Disbursement Event Catering

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 06 / 22 / 2021

FEC Identification Number C

Transaction ID : SB29.4831.0

Amount of Each Disbursement this Period 2055.56

Memo Item

C. Rayes, Nathalie, , ,

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 34104

City Washington State DC Zip Code 20005

Purpose of Disbursement Travel Expenses, Non-contribution Account

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement 06 / 22 / 2021

FEC Identification Number C

Transaction ID : SB29.4833

Amount of Each Disbursement this Period 1258.23

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3313.79

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. American Airlines		Date of Disbursement MM / DD / YYYY 06 / 22 / 2021
Mailing Address PO Box 619616		FEC Identification Number C Transaction ID : SB29.4833.0 Amount of Each Disbursement this Period 113.40
City DFW Airport	State TX	
Zip Code 75261	Purpose of Disbursement Travel Expenses	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) B. Westin NYTS		Date of Disbursement MM / DD / YYYY 06 / 22 / 2021
Mailing Address 270 W 43rd Street		FEC Identification Number C Transaction ID : SB29.4833.2 Amount of Each Disbursement this Period 433.90
City New York	State NY	
Zip Code 10036	Purpose of Disbursement Travel Expenses	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input checked="" type="checkbox"/> Memo Item

Full Name (Last, First, Middle Initial) C. Uber Technologies		Date of Disbursement MM / DD / YYYY 06 / 22 / 2021
Mailing Address 1455 Market Street		FEC Identification Number C Transaction ID : SB29.4833.3 Amount of Each Disbursement this Period 309.29
City San Francisco	State CA	
Zip Code 94103	Purpose of Disbursement Travel Expenses	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	<input checked="" type="checkbox"/> Memo Item

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

Full Name (Last, First, Middle Initial)

A. TEC-RICO LLC

Mailing Address 5030 Broadway Suite 807

City New York State NY Zip Code 10034

Purpose of Disbursement
Books; Non-contribution Account

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 09 / 2021

FEC Identification Number

C
Transaction ID : SB29.4761
Amount of Each Disbursement this Period
 1360.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Vilar Strategy Group LLC

Mailing Address 10524 Moss Park Road Ste 204-625

City Orlando State FL Zip Code 32832

Purpose of Disbursement
Text Messaging; Non-contribution Account

Candidate Name

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

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 22 / 2021

FEC Identification Number

C
Transaction ID : SB29.4768
Amount of Each Disbursement this Period
 25358.81

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) ▼

Date of Disbursement

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

FEC Identification Number

C
Amount of Each Disbursement this Period

Memo Item

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

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

26718.81
 72378.34