10/18/2016 22 : 27

#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (S

Image# 201610189033041138

schedule E)	PAGE 1 OF 29 FOR SE OF FORM 24/48
AME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
mmigrant Voters Win PAC	C C00612820
	M = M / D = D / Y = Y = Y
heck if 24-hour report 48-hour report New report Amends report filed	d on
Full Name of Payee Morales, Francisco, , ,	Date of Public Distribution/Dissemination
	M   M / D   D / Y   Y   Y   Y
Mailing Address 6229 Bellota Dr Unit B	Amount
City State Zip Code	22.75
City State Zip Code Las Vegas NV 89108	33.75 Transaction ID : 24-01-00133-0002
Purpose of Evpanditure	Date of Disbursement or Obligation
Reimbursed Expenses - See Memos Category/ Type	10 06 7 2016
Name of Federal Candidate Support Office	e Sought: House District: 00
Clinton, Hillary , , ,	President Senate State: 00
Calcillati Toti To Bato	ursement For: Primary 🗶 General
Per Election for Office Sought 2540205.25 2016	Other (specify) -
Full Name of Payee Amazon.com	Date of Public Distribution/Dissemination
[MEMO ITEM]	10 7 2016
Mailing Address 172 Trade St	Amount
City State Zip Code	33.75
Lexington KY 40511	Transaction ID : 24-01-00133-00729  Date of Disbursement or Obligation
Purpose of Expenditure Ticket Roll and Fire Tablet  Category/ Type	10 06 2016
Name of Federal Candidate Support Office	ee Sought: House District: 00
Clinton, Hillary , , ,	President Senate State:00
Calcinda Toda To Bate	oursement For: Primary 🗶 General
Per Election for Office Sought 0.00	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	33.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
(c) TOTAL independent Experionalies	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not m with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Young, Ryan, , ,  [Electronically Filed]	10 / DED / YEYEY
Signature Date	10 18 2016

Schedule E)	IVI EXI EIVE	on one o		PAGE 2 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC				C C00612820
Check if 24-hour report 🗶 48-hour report	<b>✗</b> New re	port Amends repo		M / D D / Y Y Y Y Y
Full Name of Payee Center for Community Change Ac	 ction			of Public Distribution/Dissemination
Mailing Address 1536 U Street NW			Amour	nt
City	State	Zip Code	— r	25.83
Washington	DC	20009		action ID : 24-01-00142-0001 of Disbursement or Obligation
Purpose of Expenditure Reimbursed Expenses - See Memos		Category/ Type	M	10 06 7 2016
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Trump, Donald, J., ,		<b>X</b> Oppose	<b>✗</b> Preside	ent Senate State: 00
Calendar Year-To-Date Per Election for Office Sought		2540231.08	Disbursement 2016 Of	t For: Primary ★ General
Full Name of Payee Phillips, Nathaniel, , ,  X Mailing Address 528 E Seventh St, Apt 10				of Public Distribution/Dissemination  10
City	State	Zip Code		25.83
Reno	NV	89512		ction ID : 24-01-00142-00792 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		10 06 2016
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Trump, Donald, J., ,		<b>X</b> Oppose	<b>✗</b> Preside	ent Senate State: 00
Calendar Year-To-Date Per Election for Office Sought	7 7	0.00	Disbursemen 2016 O	t For: Primary <b>X</b> General ther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ures		. •	25.83
(b) SUBTOTAL of Unitemized Independent Expen	ditures		·· •	
(c) TOTAL Independent Expenditures			·· •	7
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or in	idate or authorize			
Young, Ryan, , ,	[Electro	onically Filed] Date	e 10	18 2016
Signature				

Schedule E)				PAGE 3 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC				C C00612820
Check if 24-hour report 48-hour report	X New rep	ort Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee Torres, Christopher, , ,				of Public Distribution/Dissemination
Mailing Address 1301 U St NW			Amou	unt
City Washington	State DC	Zip Code 20009	Trans	622.08 saction ID : 24-01-00135-0002
Purpose of Expenditure Reimbursed Expenses - See Memos		Category/ Type		of Disbursement or Obligation  10 08 2016
Name of Federal Candidate  Clinton, Hillary , , ,		<b>✗</b> Support	Office Soug	
Calendar Year-To-Date		Oppose 2540853.16	Disbursement 2016	
Per Election for Office Sought  Full Name of Payee		2340033.10		Other (specify) ▶ of Public Distribution/Dissemination
100% De Agave  X  Mailing Address 975 Lincoln St			[	10 04 2016
	State	Zip Code	Amo	unt 622.08
Denver	CO	80203		action ID : 24-01-00135-00736 of Disbursement or Obligation
Purpose of Expenditure Event Catering		Category/ Type	] [	M 10
Name of Federal Candidate  Clinton, Hillary , , ,		Support Oppose	Office Soug	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disburseme 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures.				622.08
(b) SUBTOTAL of Unitemized Independent Expenditure	es			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Young, Ryan, , , Signature	[Electron	ically Filed] Date	10	18 / 2016

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC	C C00612820
Check if 24-hour report 48-hour report New report Amends report	filed on filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Lima, Grecia, , ,	M M / D D / Y Y Y Y
Mailing Address 7621 E Mesquite Overlook Dr	Amount
City State Zip Code	333.47
Tucson AZ 85710	Transaction ID : 24-01-00137-0002  Date of Disbursement or Obligation
Purpose of Expenditure Reimbursed Expenses - See Memos  Category/ Type	10 08 2016
Name of Federal Candidate Support	Office Sought: House District: 00
Clinton, Hillary , , ,	✗   President   Senate   State:   00
Odiolidai lodi lo Bato	Disbursement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
City of Sparks	M = M / D = D / Y = Y = Y
X Mailing Address 1200 12th St	10 31 2016
Mailing Address 1200 12th St	Amount
City State Zip Code	112.50
Sparks NV 89431	Transaction ID : 24-01-00137-00763 Date of Disbursement or Obligation
Purpose of Expenditure Event Venue Lease  Category/ Type	10 / 08 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Office Sought: House District: 00
Clinton, Hillary , , ,	✗   President   Senate   State:   00
	Disbursement For: Primary   General  Other (specify)   ☐
(a) SUBTOTAL of Itemized Independent Expenditures	333.47
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>•</b>
(c) TOTAL Independent Expenditures	<b>•</b>
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Young, Ryan, , , [Electronically Filed] Date	10 18 2016
Signature	

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OF

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC	C C00612820
Check if 24-hour report 48-hour report New report Amend	s report filed on M M M / D D / Y Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
City of Reno	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 E 1st St	Amount
City State Zip Code	110.00
Reno NV 89501	Transaction ID : 24-01-00137-00762 Date of Disbursement or Obligation
Purpose of Expenditure Event Venue Lease  Category/ Type	10 08 7 2016
Name of Federal Candidate	port Office Sought: House District: 00
Clinton, Hillary , , ,	ose President Senate State: 00
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: Primary General 2016
F. II Name of Days	Other (specify)
Full Name of Payee  La Fonda Restaurante y Cantina	Date of Public Distribution/Dissemination
X Mailing Address 4385 Neil Rd #109	10 04 2016 Amount
	, and an
City State Zip Code	110.97
Reno NV 89502	Transaction ID: 24-01-00137-00758  Date of Disbursement or Obligation
Purpose of Expenditure Event Catering  Category/ Type	10 / 08 / 2016
Name of Federal Candidate	port Office Sought: House District: 00
Clinton, Hillary , , ,	ose President Senate State: 00
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: Primary   2016  Other (specify)   General
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herein with, or at the request or suggestion of, any candidate or authorized committee or a party committee) any political party committee or its agent.	
Young, Ryan, , ,  [Electronically Filed]	Date 10 18 2016
Signature	

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OF

Schedule E)	PAGE 6 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC	C00612820
Check if 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
Full Name of Payee Kimball, David, , ,	lic Distribution/Dissemination
Mailing Address 1527 Tyler St  Amount	
City State Zip Code	50.40
Purpose of Expenditure Category/	n ID: 24-01-00143-0002 pursement or Obligation
Reimbursed Expenses - See Memos Type 10	09 2016
Name of Federal Candidate  Clinton, Hillary , , ,  Oppose  Support  Office Sought:  ** President	House District: 00  Senate State: 00
Calendar Year-To-Date  Per Election for Office Sought  2541237.03  Disbursement For: 2541237.03	Primary <b>X</b> General specify) ▶
Thai Corner x	olic Distribution/Dissemination
Mailing Address 100 W Second St Amount	
City State Zip Code  Reno NV 89501 Transaction	50.40 ID : <b>24-01-00143-00793</b>
Purpose of Expenditure Volunteer Refreshments  Category/ Type  Date of Disk	bursement or Obligation  / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate  Support  Office Sought:  Clinton, Hillary , , ,	House District: 00
Calendar Year-To-Date Per Election for Office Sought  0.00  Disbursement For: 2016	Senate State:   □ Primary  General  Specify)  □
Curci 1.	Specify) >
(a) SUBTOTAL of Itemized Independent Expenditures	50.40
(b) SUBTOTAL of Unitemized Independent Expenditures	7
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coopera with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	
Young, Ryan, , , [Electronically Filed] Date 10 18	2016

Schedule E)	LIVI LXI LIVL	ATOMES		PAGE 7 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	DENTIFICATION NUMBER ▼
Immigrant Voters Win PAC			С	
Check if 24-hour report 🗶 48-hour report	X New re	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee Morales, Francisco, , ,			Date of Pu	ublic Distribution/Dissemination
Mailing Address 6229 Bellota Dr Unit B			Amount	
City Las Vegas	State	Zip Code 89108	Transaction	194.70 on ID : 24-01-00152-0002
Purpose of Expenditure Reimbursed Expenses - See Memos		Category/		sbursement or Obligation
Name of Federal Candidate		Type Support	Office Sought:	House District: 00
Clinton, Hillary , , ,		Oppose	<b>x</b> President	Senate State: 00
Calendar Year-To-Date Per Election for Office Sought		2541431.73	Disbursement For 2016 Other	r: Primary <b>X</b> General (specify) ▶
Full Name of Payee Los Huicholes X			Date of Pu	ublic Distribution/Dissemination  / DDDD / YDDD / 2016
Mailing Address 546 N Eastern Ave Ste 100			Amount	
City Las Vegas	State NV	Zip Code 89101		156.91 n ID : 24-01-00152-00855 sbursement or Obligation
Purpose of Expenditure Event Refreshments		Category/ Type	Date of Di	
Name of Federal Candidate  Clinton, Hillary , , ,		Support Oppose	Office Sought:	House District: 00  Senate State: 00
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement For 2016	
(a) SUBTOTAL of Itemized Independent Expend	itures			194.70
(b) SUBTOTAL of Unitemized Independent Expe				101110
				<del></del>
(c) TOTAL Independent Expenditures			·· •	*
Under penalty of perjury I certify that the independent, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Young, Ryan, , , Signature	[Electro	nically Filed] Date	e 10 / 1	8 2016
=				

ooneddic Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC	C C00612820
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y = Y
	ate of Public Distribution/Dissemination
Walgreens x	10 09 2016
Mailing Address 5530 E Washingtons St D105	mount
City State Zip Code	37.79
Phoenix AZ 85034 Tr.	ransaction ID: 24-01-00152-00854 ate of Disbursement or Obligation
Purpose of Expenditure Event Refreshments  Category/ Type	10 12 2016
Name of Federal Candidate	ought: House District: 00
Clinton, Hillary , , ,	esident Senate State: 00
Odichadi Todi To Bato	ment For: Primary General
Per Election for Office Sought 0.00 2016	Other (specify) ▶
Full Name of Payee Center for Community Change Action	ate of Public Distribution/Dissemination
Mailing Address 1536 U Street NW	mount
City State Zip Code	10.58
	ansaction ID : 24-01-00153-0001 ate of Disbursement or Obligation
Purpose of Expenditure Reimbursed Expenses - See Memos  Category/ Type	10 12 2016
Name of Federal Candidate Support Office Sc	ought: House District: 00
Trump, Donald, J., ,	esident Senate State:00
Calendar Year-To-Date Per Election for Office Sought  Disburser 2541442.31  Disburser 2016	ment For:
(a) SUBTOTAL of Itemized Independent Expenditures	10.58
(b) SUBTOTAL of Unitemized Independent Expenditures	1 4 1 4 1 6
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Young, Ryan, , ,  [Electronically Filed] Date 10	18 2016
Signature	

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OF

Schedule E)	VOEI ENDERT EXITER	BITORIES		PAGE 9 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	_		FEC I	DENTIFICATION NUMBER ▼
Immigrant Voters Win PA	AC .		С	C00612820
Check if 24-hour report X 4	8-hour report New re	eport Amends repo	ort filed on	/ D = D / Y = Y = Y = Y
Full Name of Payee Morales, Francisco, , ,			M = M	ic Distribution/Dissemination
Mailing Address 6229 Bellota Dr	Unit B		Amount	10 2016
City	State	Zip Code		10.58
Las Vegas	NV	89108		ID: 24-01-00153-00856 oursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	10	12 / 2016
Name of Federal Candidate		Support	Office Sought:	House District: 00
Trump, Donald, J., ,		X Oppose	<b>✗</b> President	Senate State: 00
Calendar Year-To-Date Per Election for Office Soug	ht	0.00	Disbursement For: 2016 Other (s	Primary <b>✗</b> General pecify) ▶
Full Name of Payee Center for Community C  Mailing Address 1536 U Street			Date of Publ	lic Distribution/Dissemination
City	State	Zip Code		40.50
Washington	DC	20009		D: 24-01-00174-0002 oursement or Obligation
Purpose of Expenditure Reimbursed Expenses - See Mei	mos	Category/ Type	10	15 / 2016
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District:00
Clinton, Hillary , , ,		Oppose	<b>x</b> President	Senate State:00
Calendar Year-To-Date Per Election for Office Soug	ht	2541482.81	Disbursement For: 2016 Other (s	Primary <b>X</b> General specify) ▶
(a) SUBTOTAL of Itemized Indepe	endent Expenditures		-	40.50
(b) SUBTOTAL of Unitemized Ind	ependent Expenditures		>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(c) TOTAL Independent Expenditu	ires		·· •	4 4
Under penalty of perjury I certify with, or at the request or suggesti party committee) any political party	on of, any candidate or authorize			
Young, Ryan, , ,	[Electro	onically Filed] Date	e 10 18	2016
Signature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC	C C00612820
Check if 24-hour report 48-hour report New report Amends rep	port filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Lima, Grecia, , , x	10 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 7621 E Mesquite Overlook Dr	Amount
City State Zip Code	40.50
Tucson AZ 85710	Transaction ID: 24-01-00174-01009  Date of Disbursement or Obligation
Purpose of Expenditure Payroll Category/ Type	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District:00
Clinton, Hillary , , ,	resident Senate State: 00
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: Primary General 2016
	Other (specify)
Full Name of Payee PLAN Action	Date of Public Distribution/Dissemination
Mailing Address 203 S Arlington Ave	Amount
City State Zip Code	5.77
Reno NV 89501	Transaction ID: 24-01-00175-0002  Date of Disbursement or Obligation
Purpose of Expenditure Reimbursed Expenses - See Memos  Category/ Type	10 / 15 / 2016
Name of Federal Candidate Support	Office Sought: House District: 00
Clinton, Hillary , , ,	▼ President Senate State: 00
Calendar Year-To-Date Per Election for Office Sought 2541488.58	Disbursement For:  Primary  General 2016  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	> 5.77
(b) SUBTOTAL of Unitemized Independent Expenditures	··· •
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Young, Ryan, , ,  [Electronically Filed] Dat	te 10 18 2016
Signature	

PAGE

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OF

Schedule E)	1 <b>L</b> /(1 <b>L</b> /(2)			PAGE 11 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC				C C00612820
			_ N	M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report	X New repo	ort Amends repo		
Full Name of Payee Zapata, Alex, , ,				of Public Distribution/Dissemination
X				10 14 2016
Mailing Address 203 S Arlington Ave			Amou	unt
City	State	Zip Code	$-\Gamma$	5.77
Reno	NV	89501		saction ID: 24-01-00175-01013 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type		10 15 2016
Name of Federal Candidate		<b>✗</b> Support	Office Sough	nt: House District: 00
Clinton, Hillary , , ,		Oppose	x Presid	lent Senate State: 00
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursemer 2016	nt For:  Primary <b>x</b> General Other (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
JVA Campaigns, LLC				10 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 240 N 5th St, Suite 360			Amou	unt
City	State	Zip Code	<b></b>  □	27109.20
Columbus	ОН	43215	Trans	action ID: 24-01-00178-01021 of Disbursement or Obligation
Purpose of Expenditure Canvassing Literature Design and Printing		Category/ Type		M 10
Name of Federal Candidate		<b>✗</b> Support	Office Sough	ht: House District: 00
Clinton, Hillary , , ,		Oppose	<b>x</b> Presid	dent Senate State: 00
Calendar Year-To-Date Per Election for Office Sought		2568597.78	Disbursemen 2016	nt For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditure	÷S		· •	27109.20
(b) SUBTOTAL of Unitermized Independent Expendit	ures		· [	
(c) TOTAL Independent Expenditures			· -	7 1 7 1 7
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	ate or authorized			
Young, Ryan, , ,	[Electron	nically Filed] Date	9 10	18 2016
Signature				

Schedule E)	PAGE 12 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	C IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC	
Check if 24-hour report 48-hour report New report Amends report filed on	/ D = D / Y = Y = Y
The Pivot Group, Inc	
Mailing Address 1720 I St NW, Suite 550  Amount	14 2016
City State Zip Code Washington DC 20006 Transaction	34350.00 on ID : 24-01-00179-01024
Purpose of Expenditure Canvassing Literature Design and Printing  Category/ Type  Date of Di  Category/ Type	isbursement or Obligation  / Dan / Yangana 2016
Name of Federal Candidate    X   Support   Office Sought:	House District: 00
Calendar Year-To-Date  Disbursement Fo	Senate State: or: Primary
Other	(specify) ▶
The Pivot Group, Inc	
Mailing Address 1720 I St NW, Suite 550  Amount	
	8784.00 on ID : 24-01-00180-01025
Purpose of Expenditure Canvassing Literature Design and Printing  Category/ Type  Type	bisbursement or Obligation  18 2016
Name of Federal Candidate  Support  Office Sought:  Clinton, Hillary , , ,	House District: 00
Calendar Year-To-Date  Disbursement Fo	Senate State: 00  or: Primary X General
Per Election for Office Sought 2611731.78 2016 Other	(specify) >
(a) SUBTOTAL of Itemized Independent Expenditures	43134.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	7 7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coope with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

	medule L)	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
ır	nmigrant Voters Win PAC	C C00612820
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	The Pivot Group, Inc	10 14 2016
	Mailing Address 1720 I St NW, Suite 550	Amount
	City State Zip Code	7320.00
	Washington DC 20006	Transaction ID : 24-01-00180-01026 Date of Disbursement or Obligation
	Purpose of Expenditure Canvassing Literature Design and Printing  Category/ Type	10 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District:00
	Clinton, Hillary , , ,	President Senate State: 00
	Calcillati Ical Io Bato	rrsement For: Primary
	Per Election for Office Sought 2619051.78 2016	Other (specify) ▶
	Full Name of Payee United Bankcard Center	Date of Public Distribution/Dissemination
	United Bankcard Center	M = M / D = D / Y = Y = Y
	Mailing Address PO Box 3364	Amount
	City State Zip Code	4432.27
	Charleston WV 25333	Transaction ID: 24-01-00172-0015 Date of Disbursement or Obligation
	Purpose of Expenditure Reimbursed Credit Card - See Memos  Category/ Type	10 17 2016
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Murphy, Patrick, , , Oppose	President Senate State: FL
	Calendar Year-To-Date Per Election for Office Sought  Disbut 293959.26	ursement For: Primary   General  Other (specify)
	(a) SUBTOTAL of Itemized Independent Expenditures	11752.27
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(17) (17) (17)	0 18 2016
	Signature	
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Schedule E)	LAPLIND	TUNES		PAGE 14 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC	C C00612820			
Check if 24-hour report X 48-hour report	X New repo	ort Amends repo		M / D = D / Y = Y = Y
Full Name of Payee			Date o	f Public Distribution/Dissemination
Facebook x				10 11 2016
Mailing Address 1 Hacker Way			Amour	ıt
City	State	Zip Code		4432.27
Menlo Park	CA	94205		action ID : 24-01-00172-01007 f Disbursement or Obligation
Purpose of Expenditure Digital Ads		Category/ Type		10 17 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		<b>x</b> Support	Office Sought	: House District:00
Murphy, Patrick, , ,		Oppose	Preside	nt Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	, , ,	0.00	Disbursement 2016 Ot	For: Primary <b>x</b> General her (specify) ▶
Full Name of Payee			Date o	f Public Distribution/Dissemination
Facebook				10 18 2016
Mailing Address 1 Hacker Way			Amour	nt
City	State	Zip Code		156.49
Menlo Park	CA	94205		ction ID : 24-01-00181-01028 of Disbursement or Obligation
Purpose of Expenditure Digital Ads		Category/ Type		10 18 / 2016
Name of Federal Candidate		<b>x</b> Support	Office Sought	: House District: 00
Murphy, Patrick, , ,		Oppose	Preside	nt Senate State: FL
Calendar Year-To-Date Per Election for Office Sought	, ,	294115.75	Disbursement 2016 Ot	r For: Primary    General  Her (specify)   ■
(a) SUBTOTAL of Itemized Independent Expenditures	3			156.49
				7 7
(b) SUBTOTAL of Unitemized Independent Expenditu	ires		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the independer with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	e or authorized			
Young, Ryan, , ,	[Electron	ically Filed] Date	10 /	18 2016
Signature				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC	C C00612820
Check if 24-hour report 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
	Date of Public Distribution/Dissemination
Facebook	10 18 2016
Mailing Address 1 Hacker Way	mount
City State Zip Code	8.30
Menlo Park CA 94205	ransaction ID: 24-01-00182-01030 Date of Disbursement or Obligation
Purpose of Expenditure Digital Ads  Category/ Type	10 18 2016
Name of Federal Candidate  Support  Office S	ought: House District: 00
Murphy Potrick	resident State: FL
Calcindar real to Bate	ement For: Primary X General
Tel Election of Since Sought	Other (specify) ▶
Full Name of Payee Morales, Francisco, , ,	Date of Public Distribution/Dissemination
Mailing Address 6229 Bellota Dr Unit B	Amount
City State Zip Code	33.75
	ransaction ID: 24-01-00133-0003 Date of Disbursement or Obligation
Purpose of Expenditure Reimbursed Expenses - See Memos  Category/ Type	10 06 7 2016
Name of Federal Candidate Support Office S	cought: House District: 00
Cortez Masto, Catherine, , ,	resident State: NV
Calendar Year-To-Date Per Election for Office Sought  Disburse 2016	ement For: Primary <b>X</b> General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	42.05
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or party committee) any political party committee or its agent.	
Young, Ryan, , ,  [Electronically Filed] Date 10	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

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OF

Signature

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES	PAGE 16 OF 29
Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC	C C00612820
Check if 24-hour report 48-hour report New report Amends report filed on	= M / D = D / Y = Y = Y
Amazon com	of Public Distribution/Dissemination  10 07 7 2016
City State Zip Code	33.75
Date of	action ID: 24-01-00133-00730 of Disbursement or Obligation
Purpose of Expenditure Ticket Roll and Fire Tablet  Category/ Type	10 06 7 2016
Name of Federal Candidate  Support  Office Sough	t: House District: 00
Cortez Masto, Catherine, , , Oppose Preside	NIV
Calendar Year-To-Date Per Election for Office Sought  Disbursement 2016  Office Sought	t For: Primary <b>X</b> General ther (specify) ▶
Lima Grecia	of Public Distribution/Dissemination
	222.50 action ID : 24-01-00137-0003
Purpose of Expenditure	of Disbursement or Obligation  10 08 2016
Name of Federal Candidate      X   Support   Office Sough	nt: House District:00
Cortez Masto, Catherine, , , Oppose Preside	NIV
Calendar Year-To-Date Per Election for Office Sought  Disbursemen 2016  O	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures	222.50
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7 1 7 1 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in c with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if t party committee) any political party committee or its agent.	
Young, Ryan, , , [Electronically Filed] Date 10	18 2016

Schedul	e E)	NOENT EXILEND	101120		PAGE 17 OF 29 FOR SE OF FORM 24/48
NAME OF	COMMITTEE (In Full)			FFC	C IDENTIFICATION NUMBER ▼
Immigr	ant Voters Win PAC			C	
Check if	24-hour report X 48-hour rep	port New repo	ort Amends repo	ort filed on	/ D = D / Y = Y = Y
City	ame of Payee of Reno	to any candidate for feder	ral office	M = M	
X Mailing	Address 1 E 1st St	to any candidate for feder	ai office.	Amount	22 2016
City		State NV	Zip Code 89501	Transactio	110.00 on ID : 24-01-00137-00791
	se of Expenditure Venue Lease		Category/ Type	Date of Di	sbursement or Obligation  / 08 / 2016
	of Federal Candidate		Support	Office Sought:	House District: 00
Ca	alendar Year-To-Date er Election for Office Sought		Oppose	Disbursement For 2016	
Full Na	ame of Payee of Sparks	7			(specify) ▶ublic Distribution/Dissemination
<b>X</b> Mailing	g Address 1200 12th St			Amount	31 2016
City Spark	s	State NV	Zip Code 89431		112.50 n ID : 24-01-00137-00790 isbursement or Obligation
	se of Expenditure Venue Lease		Category/ Type	10 M	
	of Federal Candidate z Masto, Catherine, , ,		Support Oppose	Office Sought:  President	House District: 00  Senate State: NV
	alendar Year-To-Date er Election for Office Sought		0.00	Disbursement Fo 2016 Other	r: Primary <b>X</b> General (specify) ▶
(a) SUE	STOTAL of Itemized Independent Ex	penditures			0.00
(b) SUE	STOTAL of Unitemized Independent	Expenditures		· •	7 7
(c) TOT	TAL Independent Expenditures			<b>.</b>	7 7
with, or	penalty of perjury I certify that the in at the request or suggestion of, any emmittee) any political party committee	candidate or authorized			
Signa	Young, Ryan, , ,	[Electroni	ically Filed] Date		8 2016
-					

Schedule E)	PAGE 18 OF 29 FOR SE OF FORM 24/48						
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼						
mmigrant Voters Win PAC  C c00612820							
Check if 24-hour report  48-hour report  New report Amends report	filed on filed on						
Full Name of Payee Kimball, David, , ,	Date of Public Distribution/Dissemination						
Mailing Address 1527 Tyler St	Amount						
City State Zip Code Berkeley CA 94703	50.40 Transaction ID : 24-01-00143-0003						
Purpose of Expenditure Reimbursed Expenses - See Memos  Category/ Type	Date of Disbursement or Obligation  M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y						
Name of Federal Candidate	Office Sought: House District: 00						
Cortez Masto, Catherine, , , Oppose	President  Senate State: NV  Disbursement For: Primary  General						
Calcinal Ioal Io Balo	Disbursement For: Primary   General  Other (specify)   Other (specify)   Other (specify)   □ Other (specify)						
Full Name of Payee Thai Corner  X	Date of Public Distribution/Dissemination  10 06 2016						
Mailing Address 100 W Second St	Amount						
City State Zip Code Reno NV 89501	Transaction ID : 24-01-00143-00794 Date of Disbursement or Obligation						
Purpose of Expenditure Volunteer Refreshments  Category/ Type	10 09 2016						
Cortez Maste Catherine	Office Sought: House District: 00						
Calendar Year-To-Date	President Senate State: NV  Disbursement For: Primary General						
Per Election for Office Sought 0.00	2016 Other (specify) ▶						
(a) SUBTOTAL of Itemized Independent Expenditures	50.40						
(b) SUBTOTAL of Unitemized Independent Expenditures	·						
(c) TOTAL Independent Expenditures							
Under penalty of perjury I certify that the independent expenditures reported herein were no with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.							
Young, Ryan, , ,  [Electronically Filed] Date Signature	10 18 / 2016						

	medule L)						FO	R SE OF	FORM 2	4/48
	ME OF COMMITTEE (In Full)					FEC	IDEN	TIFICATI	ON NUME	BER ▼
ır	nmigrant Voters Win PAC					С	C00	612820		
Ch	eck if 24-hour report 48-hour report New report	An	mends repo	ort filed		= M	/	)   D /	Y II Y II	Y Y
	Full Name of Payee				Date of	of Pub	lic Dis	stribution	/Dissemin	ation
	Center for Community Change Action				М	- M	/	D D /	Y	Y Y
	Mailing Address 1536 U Street NW				Amou	nt				
	City State Zip Code				Г.				10	.58
	Washington DC 20009								153-0017 Obligation	
	Purpose of Expenditure Reimbursed Expenses - See Memos  Catego Ty	ry/ /pe				10 <sup>M</sup>		12	y y 201	6
	Name of Federal Candidate	7	Support	Office	Sough	t:	H	louse	District: _	00
	Heck, Joe, , ,	_	Oppose		Preside	ent	<b>x</b> s	Senate	State: _	NV
	Calendar Year-To-Date			1	rsemen	t For:		Primary	<b>x</b> 0	eneral
	Per Election for Office Sought 433747	.88	В	2016	O	ther (s	specify	y) ►		
	Full Name of Payee Morales, Francisco, , ,				_		_		/Dissemin	
	X				IV	10 <sup>M</sup>	,   '	10	201	6
	Mailing Address 6229 Bellota Dr Unit B				Amou	nt				
	City State Zip Cod	е							10	.58
	Las Vegas NV 89108								<b>53-00857</b> Obligation	
	Purpose of Expenditure Payroll  Catego Ty	ry/ /pe				10 <sup>M</sup>	_	12	<sup>y</sup> 201	
	Name of Federal Candidate	ī	Support	Office	Sough	t:	П	House	District: _	00
	Heck, Joe, , ,	<u>.                                     </u>	Oppose		Preside	ent	<b>x</b>	Senate	State: _	NV
	Calendar Year-To-Date Per Election for Office Sought	0.00	0	Disbu 2016	rsemen	t For: ther (s	specif	Primary	/ <b>X</b> (	General
	(a) SUBTOTAL of Itemized Independent Expenditures			▶		-7			10.	58
	(b) SUBTOTAL of Unitemized Independent Expenditures			▶				7		
	(c) TOTAL Independent Expenditures			·· <b>•</b>				1 7		
	Under penalty of perjury I certify that the independent expenditures reported with, or at the request or suggestion of, any candidate or authorized committee party committee) any political party committee or its agent.									
	Young, Ryan, , ,  [Electronically File	d]	Date	M = 10		18	D /	201	16	
	Signature	-	Date			.,,	_			
		_								

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Sche	edule E)	LIVE	ITOTILO				PAGE 20 FOR SE OF F	OF 29 ORM 24/48	
	OF COMMITTEE (In Full)					FEC I	DENTIFICATION		
Imm	nigrant Voters Win PAC					С	C00612820		
Check	if 24-hour report <b>X</b> 48-hour report	New rep	ort Am	ends repo	rt filed on	M = M	/ D D /	Y	Y
	III Name of Payee PLAN Action				D	ate of Publ	lic Distribution/D	issemination	
Ma	ailing Address 203 S Arlington Ave				Α	mount			_
Cit	ty State		Zip Code		— г			26.44	$\neg$
Cit R	eno NV		89501				ID: 24-01-0016 oursement or Ob		
Pu R	rpose of Expenditure eimbursed Expenses - See Memos		Category/ Type			10	15	2016	Y
Na	ame of Federal Candidate		x s	Support	Office So	ouaht:	House D	istrict: 00	
C	ortez Masto, Catherine, , ,			Oppose		esident	<b>✗</b> Senate	State: NV	_
	Calendar Year-To-Date Per Election for Office Sought		433774.32		Disburse 2016	ement For:	Primary pecify) ▶	<b>x</b> Gene	ral
N _x	Ill Name of Payee  // Aartin, Laura, , ,  // Aarting Address 201 S Arlington Ave					Date of Published	lic Distribution/D	issemination Y Y Y 2016	
Ci	ty State		Zip Code		<del></del> [			26.44	П
R	zeno NV		89509				ID: 24-01-00169 oursement or Ob		
	urpose of Expenditure Payroll		Category/ Type			10	15	2016	Y
Na	ame of Federal Candidate		X S	Support	Office S	ought:	House D	istrict: 00	)
С	ortez Masto, Catherine, , ,			Oppose	Pr	resident	<b>X</b> Senate	State: NV	
	Calendar Year-To-Date Per Election for Office Sought		0.00		Disburse 2016	ement For: Other (s	Primary specify) ▶	<b>X</b> Gene	ral
(a)	SUBTOTAL of Itemized Independent Expenditures						1 1 75 1	26.44	
(b)	SUBTOTAL of Unitemized Independent Expenditures				· • [				
(c)	TOTAL Independent Expenditures				•		7		
with	der penalty of perjury I certify that the independent expense, or at the request or suggestion of, any candidate or at ty committee) any political party committee or its agent.								
_		[Electron	ically Filed]	Date	M M M	/ 18	2016	Y	
,	Signature								

Schedule E)	VI EXI END	HONLO		PAGE 21 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC				C C00612820
Check if 24-hour report 🗶 48-hour report	X New rep	oort Amends repo		M / D D / Y Y Y Y Y Y
Full Name of Payee Center for Community Change Act	tion			of Public Distribution/Dissemination
Mailing Address 1536 U Street NW			Amou	nt
City	State	Zip Code	— I	53.41
Washington	DC	20009		action ID: 24-01-00174-0003 of Disbursement or Obligation
Purpose of Expenditure Reimbursed Expenses - See Memos		Category/ Type		10 15 / 2016
Name of Federal Candidate		<b>x</b> Support	Office Sough	t: House District: 00
Cortez Masto, Catherine, , ,		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	, , ,	433827.73	Disbursemen 2016 O	t For: Primary <b>X</b> General ther (specify) ▶
Full Name of Payee Phillips, Nathaniel, , ,  X Mailing Address 528 E Seventh St, Apt 10			Date of Amou	10 14 2016
City	State	Zip Code		6.45
Reno	NV	89512		ction ID : 24-01-00174-01012 of Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	N	10 15 / 2016
Name of Federal Candidate		<b>x</b> Support	Office Sough	t: House District: 00
Cortez Masto, Catherine, , ,		Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	7	0.00	Disbursemen 2016 O	t For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		>	53.41
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		·· •	
(c) TOTAL Independent Expenditures			··· •	7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
Young, Ryan, , ,	[Electron	nically Filed] Date	e 10 /	18 2016
Signature				

ooneduic Ly		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC		C C00612820
Check if 24-hour report <b>X</b> 48-hour report <b>N</b> New report	Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Phillips, Nathaniel, , , x		10 14 2016
Mailing Address 528 E Seventh St, Apt 10		Amount
City State Zip	Code	6.46
Reno NV 899	512	Transaction ID: 24-01-00174-01011 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	ategory/ Type	10 15 7 2016
Name of Federal Candidate	<b>✗</b> Support Office	Sought: House District: 00
Cortez Masto, Catherine, , ,	Oppose	President Senate State: NV
Calendar Year-To-Date	0.00 Disbu	rsement For: Primary X General
Per Election for Office Sought	0.00	Other (specify) ▶
Full Name of Payee Lima, Grecia, , ,		Date of Public Distribution/Dissemination
Mailing Address 7621 E Mesquite Overlook Dr		10 14 2016 Amount
City State Zip	Code	40.50
Tucson AZ 85	5710	Transaction ID: 24-01-00174-01010 Date of Disbursement or Obligation
Purpose of Expenditure Payroll	ategory/ Type	10 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	<b>✗</b> Support Office	Sought: House District: 00
Cortez Masto, Catherine, , ,	Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	0.00 Disbu 2016	orsement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	<b>&gt;</b>	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	7 7 7
(c) TOTAL Independent Expenditures	·····	
Under penalty of perjury I certify that the independent expenditures rep with, or at the request or suggestion of, any candidate or authorized cor party committee) any political party committee or its agent.		
Young, Ryan, , , [Electronicall	y Filed] Date 1	
Signature		

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OF

Schedule E)	DENT EXICIO	TIONES		PAGE 23 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC I	DENTIFICATION NUMBER ▼
Immigrant Voters Win PAC	C00612820			
Check if 24-hour report 🗶 48-hour repo	rt New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee			Date of Publ	lic Distribution/Dissemination
PLAN Action			M = M	/ D D / Y Y Y Y
Mailing Address 203 S Arlington Ave			Amount	
City	State	Zip Code		78.65
Reno	NV	89501		ID: 24-01-00175-0003 pursement or Obligation
Purpose of Expenditure Reimbursed Expenses - See Memos		Category/ Type	M 10	15 2016
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District:00
Cortez Masto, Catherine, , ,		Oppose	President	Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		433906.38	Disbursement For: 2016 Other (s	Primary <b>✗</b> General pecify) ▶
Full Name of Payee			Date of Pub	lic Distribution/Dissemination
Martin, Laura, , , x			10	14 2016
Mailing Address 201 S Arlington Ave			Amount	
City	State	Zip Code		36.44
Reno	NV	89509		ID: 24-01-00175-01015 oursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	10 <sup>M</sup>	15 / 2016
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District: 00
Cortez Masto, Catherine, , ,		Oppose	President	Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	7 7	0.00	Disbursement For: 2016 Other (s	Primary <b>X</b> General specify) ►
(a) SUBTOTAL of Itemized Independent Expe	enditures			78.65
(b) CURTOTAL of Unitersized Independent F	un au alikuwa a			
(b) SUBTOTAL of Unitemized Independent Ex	cpenditures		• •	7 7
(c) TOTAL Independent Expenditures			•	7
Under penalty of perjury I certify that the indiwith, or at the request or suggestion of, any committee) any political party committee	andidate or authorize			
Young, Ryan, , , Signature	[Electron	nically Filed] Date	10 18	2016
Signaturo				

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC	C C00612820
Check if 24-hour report 48-hour report New report Amends re	eport filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Martin, Laura, , , x	10 14 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 201 S Arlington Ave	Amount
City State Zip Code	36.44
Reno NV 89509	Transaction ID : 24-01-00175-01016  Date of Disbursement or Obligation
Purpose of Expenditure Payroll  Category/ Type	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	t Office Sought: House District: 00
Cortez Masto, Catherine, , , Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: Primary General 2016
Full Name of Payer	Other (specify)
Full Name of Payee Zapata, Alex, , ,	Date of Public Distribution/Dissemination  10 14 2016
Mailing Address 203 S Arlington Ave	Amount
City State Zip Code	5.77
Reno NV 89501	Transaction ID: 24-01-00175-01014  Date of Disbursement or Obligation
Purpose of Expenditure Payroll  Category/ Type	10 15 2016
Name of Federal Candidate Suppor	t Office Sought: House District: 00
Cortez Masto, Catherine, , , Oppose	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For:  Primary  General  2016  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	······ <b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein we with, or at the request or suggestion of, any candidate or authorized committee or ager party committee) any political party committee or its agent.	
	Date 10 18 2016
Signature	

PAGE

OF

Schedule E)	PAGE 25 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC	C00612820
Check if 24-hour report	/ D = D / Y = Y = Y
Full Name of Payee America's Voice  Date of Pub	lic Distribution/Dissemination
Mailing Address 1250 I St, NW, Suite 200  Amount	
City State Zip Code Washington DC 20005 Transaction	107.50 ID: 24-01-00176-0003
	pursement or Obligation  15 2016
Name of Federal Candidate    Support  Office Sought:	House District: 00
Cortez Masto, Catherine, , , Oppose President  Calendar Year-To-Date  Disbursement For:	Senate State: NV  Primary X General
Per Election for Office Sought 434013.88 2016	specify) >
Vidal, Viridiana, , , x	lic Distribution/Dissemination
Mailing Address 6305 W Oakley Blvd Amount	
	53.75 ID : 24-01-00176-01017
Purpose of Expenditure Payroll  Category/ Type  Date of Dist  M 10	bursement or Obligation  15 2016
Name of Federal Candidate    Support  Office Sought:	House District: 00
Cortez Masto, Catherine, , , Oppose President	Senate State: NV
Calendar Year-To-Date Per Election for Office Sought  Disbursement For: 2016 Other (s	Primary <b>X</b> General specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	107.50
(b) SUBTOTAL of Unitemized Independent Expenditures	4
(c) TOTAL Independent Expenditures	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in coopera with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reparty committee) any political party committee or its agent.	
Young, Ryan, , , [Electronically Filed] Date 10 18	2016

Schedule E)	PAGE 26 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC	C C00612820
Check if 24-hour report 48-hour report New report Ame	ends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Vidal, Viridiana, , , x	10 14 2016
Mailing Address 6305 W Oakley Blvd	Amount
City State Zip Code	53.75
Las Vegas NV 89146	Transaction ID : 24-01-00176-01018  Date of Disbursement or Obligation
Purpose of Expenditure Payroll  Category/ Type	10 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Cortoz Mosto Cothorino	Oppose President X Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: Primary   ✓ General  Other (specify)   ✓
Full Name of Payee United Bankcard Center	Date of Public Distribution/Dissemination
Mailing Address PO Box 3364	
	Amount
City State Zip Code	2333.26
Charleston WV 25333	Transaction ID : 24-01-00172-0003  Date of Disbursement or Obligation
Purpose of Expenditure Reimbursed Credit Card - See Memos  Category/ Type	10 17 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office Sought: House District: 00
Cortez Masto, Catherine, , ,	Oppose President X Senate State: NV
Calendar Year-To-Date Per Election for Office Sought 436347.14	Disbursement For: Primary ★ General 2016 Other (specify) ▶
(a) CURTOTAL of Itamized Independent Evacualities	
(a) SUBTOTAL of Itemized Independent Expenditures	2333.26
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported her with, or at the request or suggestion of, any candidate or authorized committee of party committee) any political party committee or its agent.	
Young, Ryan, , ,  [Electronically Filed] Signature	Date 10 18 2016
orginature	

Schedule E)	VI EXI END	HONES		PAGE 27 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC				C C00612820
Check if 24-hour report 🗶 48-hour report	X New rep	port Amends repo		M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Facebook x				10 11 2016
Mailing Address 1 Hacker Way			Amou	unt
City	State	Zip Code		2333.26
Menlo Park	CA	94205		saction ID: 24-01-00172-01006 of Disbursement or Obligation
Purpose of Expenditure Digital Ads		Category/ Type		10 17 2016
Name of Federal Candidate		<b>✗</b> Support	Office Soug	nt: House District: 00
Cortez Masto, Catherine, , ,		Oppose	Presid	NIV/
Calendar Year-To-Date Per Election for Office Sought	7	0.00	Disbursement 2016	nt For:
Full Name of Payee	_		Date	of Public Distribution/Dissemination
Lima, Grecia, , ,				M = M / D = D / Y = Y = Y
Mailing Address 7621 E Mesquite Overlook Dr			Amo	unt
City	State	Zip Code		97.30
Tucson  Purpose of Expenditure	AZ	85710		action ID: 24-01-00177-0003 of Disbursement or Obligation
Reimbursed Expenses - See Memos		Category/ Type	] [	10 18 2016
Name of Federal Candidate		<b>x</b> Support	Office Soug	ht: House District: 00
Cortez Masto, Catherine, , ,		Oppose	Presid	dent Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	, ,	436444.44	Disburseme 2016	nt For:
(a) SUBTOTAL of Itemized Independent Expenditure	7P.S			97.30
(a) COLIGINE OF NOTINE OF MEDICAL EXPONENTIAL				91.30
(b) SUBTOTAL of Unitemized Independent Expend	itures		•	
(c) TOTAL Independent Expenditures			•	141141141
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Young, Ryan, , ,	[Electron	nically Filed] Date	10 /	18 2016
Signature				

Schedule E)	EXPENDI	TUNES		PAGE 28 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC				C C00612820
Check if 24-hour report 🗴 48-hour report	<b>⋉</b> New repo	ort Amends repo		" M / D " D / Y " Y " Y " Y
Full Name of Payee			Date of	of Public Distribution/Dissemination
Costco			M	10 17 2016
Mailing Address 999 Lake Dr			Amou	nt
City	ate	Zip Code		97.30
1990440011	VA	98027		action ID: 24-01-00177-01019 of Disbursement or Obligation
Purpose of Expenditure Volunteer Refreshments		Category/ Type	М	10 18 2016
Name of Federal Candidate		<b>x</b> Support	Office Sough	t: House District: 00
Cortez Masto, Catherine, , ,		Oppose	Preside	ent Senate State: NV
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement 2016 O	t For: Primary <b>X</b> General ther (specify) ▶
Full Name of Payee			Date of	of Public Distribution/Dissemination
JVA Campaigns, LLC			IM	10 18 2016
Mailing Address 240 N 5th St, Suite 360			Amou	nt
City	ate	Zip Code		35913.14
	DН	43215		oction ID: 24-01-00178-01020 of Disbursement or Obligation
Purpose of Expenditure Canvassing Literature Design and Printing		Category/ Type	M	10 18 2016
Name of Federal Candidate		<b>x</b> Support	Office Sough	nt: House District: 00
Cortez Masto, Catherine, , ,		Oppose	Preside	ent Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	,	472357.58	Disbursemen 2016 O	nt For:
(a) SUBTOTAL of Itemized Independent Expenditures				35913.14
				7 7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	3		•	
(c) TOTAL Independent Expenditures			•	7 7
Under penalty of perjury I certify that the independent exith, or at the request or suggestion of, any candidate of party committee) any political party committee or its age	r authorized			
Young, Ryan, , ,	[Electroni	cally Filed] Date	10	18 2016
Signature				

Schedule E)	LIVI LXI LIVL	TI OTILO	<b>⊢</b>	PAGE 29 OF 29 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Immigrant Voters Win PAC			C	C00612820
Check if 24-hour report 48-hour report	X New re	port Amends repo	ort filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public	Distribution/Dissemination
Facebook			10	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way			Amount	
City	State	Zip Code		65.63
Menlo Park	CA	94205		<b>D: 24-01-00181-01027</b> rsement or Obligation
Purpose of Expenditure Digital Ads		Category/ Type	10	18 / 2016
Name of Federal Candidate		<b>X</b> Support	Office Sought:	House District: 00
Cortez Masto, Catherine, , ,		Oppose	President X	NIV/
Calendar Year-To-Date Per Election for Office Sought		472423.21	Disbursement For: 2016 Other (spe	Primary <b>X</b> General ecify) ▶
Full Name of Payee			Date of Public	Distribution/Dissemination
Facebook			10	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1 Hacker Way			Amount	
City	State	Zip Code		0.66
Menlo Park	CA	94205		: <b>24-01-00182-01029</b> rsement or Obligation
Purpose of Expenditure Digital Ads		Category/ Type	10	18 / 2016
Name of Federal Candidate		<b>x</b> Support	Office Sought:	House District: 00
Cortez Masto, Catherine, , ,		Oppose	President X	Senate State: NV
Calendar Year-To-Date Per Election for Office Sought	7 7	472423.87	Disbursement For: 2016 Other (spe	Primary ✗ General
(a) SUBTOTAL of Itemized Independent Expend	itures			66.29
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7	00.20
(b) SUBTOTAL of Unitemized Independent Expe	enditures		•	
(c) TOTAL Independent Expenditures			<b>•</b>	122504.31
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorize			
Young, Ryan, , ,	[Electro	nically Filed] Date	M M / D D D 18	2016
Signature				