24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	FOR SE OF FORM 24/48
IAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC	C C00612820
Check if X 24-hour report 48-hour report New report Amends report filed	on Man / Dab / Yayayay
Full Name of Payee FLIC Votes, Inc	Date of Public Distribution/Dissemination
,	M M / D D / Y Y Y Y
Mailing Address 2800 Biscayne Blvd Ste 800	Amount
City State Zip Code	8210.98
Miami FL 33137	Transaction ID: 24-01-00262-0001 Date of Disbursement or Obligation
Purpose of Expenditure Reimbursed Expenses - See Memos Category/ Type	10 / 30 / 2016
Name of Federal Candidate Support Office	Sought: House District: 00
Trump, Donald, J., ,	President Senate State:00
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	rrsement For: Primary X General Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Aguilera, Joel, A, , [MEMO ITEM]	10 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 20942 SW 122nd PL	Amount
City State Zip Code	160.00
Miami FL 33177	Transaction ID: 24-01-00262-01401 Date of Disbursement or Obligation
Purpose of Expenditure Organizer Category/ Type	10 30 2016
Name of Federal Candidate Support Office	e Sought: House District: 00
Trump, Donald, J., ,	President Senate State: 00
Calendar Year-To-Date Per Election for Office Sought Disbut 2016	ursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	8210.98
(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 either party committee) any political party committee or its agent.	· · · · · · · · · · · · · · · · · · ·
Young, Ryan, , , [Electronically Filed] Date	0 31 2016
Signature	

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	medule Ly			FOR SE OF	FORM 24/48
	ME OF COMMITTEE (In Full)		FEC I	DENTIFICATI	ON NUMBER ▼
ΙΠ	nmigrant Voters Win PAC		С	C00612820	
Ch	eck if X 24-hour report 48-hour report New report Amends report file		- M	/ D D /	Y
٦	Full Name of Payee	Date of	of Publ	lic Distribution	/Dissemination
	FLIC Votes, Inc	M	10 ^M	30	2016
	Mailing Address 2800 Biscayne Blvd Ste 800	Amou	nt		
	City State Zip Code				1000.00
	Miami FL 33137			ID: 24-01-00 oursement or (
	Purpose of Expenditure Bus Rental Category/ Type		10 ^M	30	2016
	Name of Federal Candidate Support Offi	ice Sough	t: [House	District:00
	Trump, Donald, J., ,	x Preside	ent	Senate	State:00
	Calendar Year-To-Date Per Election for Office Sought Disl 201			Primary	General
	Tot Election for Office Godgitt	O		specify)	
	Full Name of Payee Target		1 - M	/ D D /	/Dissemination
	X Mailing Address 1000 Nicollet Mall	- L	10	30	2016
	1000 Modific Mail	Amou	nt		
	City State Zip Code				134.09
	Minneapolis MN 55403			ID: 24-01-002 oursement or	
	Purpose of Expenditure Decorations and Candy Category/ Type		10 ^M	30	2016
	Name of Federal Candidate Support Offi	fice Sough	t:	House	District:00
		X Preside		Senate	State:00
	Calendar Year-To-Date Per Election for Office Sought Dis 20'			Primary	y X General
_	(a) SUBTOTAL of Itemized Independent Expenditures		-7		0.00
	(b) SUBTOTAL of Unitemized Independent Expenditures				
	(c) TOTAL Independent Expenditures				
١	Under penalty of perjury I certify that the independent expenditures reported herein were not r with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.				
	Young, Ryan, , , [Electronically Filed] Date	M M /	31	20	16
_	Signature	النب			
				٠	

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OF

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

oulcduic L)	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
	ate of Public Distribution/Dissemination
Party City x	10 30 2016
Mailing Address 25 Green Pond Rd #1	mount
City State Zip Code	37.39
Rockaway NJ 07866 Tr	ransaction ID: 24-01-00262-01394 ate of Disbursement or Obligation
Purpose of Expenditure Decorations Category/ Type	10 / 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office Sc	ought: House District: 00
Trump, Donald, J., ,	esident Senate State: 00
Galerida Teal To Date	ment For: Primary X General
Per Election for Office Sought 0.00 2016	Other (specify)
Family Dollar Store	Date of Public Distribution/Dissemination
Mailing Address PO Box 1017	10 30 2016 Imount
City State Zip Code	38.68
	ansaction ID : 24-01-00262-01395 late of Disbursement or Obligation
Purpose of Expenditure Ponchos Category/ Type	10 30 2016
Name of Federal Candidate Support Office So	ought: House District: 00
Trump, Donald, J., ,	esident Senate State: 00
Calendar Year-To-Date Per Election for Office Sought Disburse 2016	ement For: Primary X General Other (specify) ▶
(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 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	31 2016
Signature	

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OF

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Schedule E)	JENT EXICITE	TI OILO		PAGE 4 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			ı	FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC				C C00612820
Check if 24-hour report 48-hour report	X New rep	port Amends repo		M / D = D / Y = Y = Y
Full Name of Payee Sunshine Tent Events			M	f Public Distribution/Dissemination
Mailing Address 2322 SW 58th Terr			Amoun	10 30 2016 t
City	State	Zip Code		414.00
West Park	FL	33023		ction ID: 24-01-00262-01396 f Disbursement or Obligation
Purpose of Expenditure Generator Rental		Category/ Type		10 30 / 2016
Name of Federal Candidate		Support	Office Sought:	House District: 00
Trump, Donald, J., ,		X Oppose	✗ Presider	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement 2016 Oth	For: Primary x General ner (specify) ▶
Full Name of Payee			Date of	f Public Distribution/Dissemination
Friendly John x				10 30 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address PO Box 420140			Amoun	
City	State	Zip Code		525.20
Miami	FL	33242		ction ID: 24-01-00262-01397 f Disbursement or Obligation
Purpose of Expenditure Porta Potty Rental		Category/ Type		10 30 / Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought	: House District: 00
Trump, Donald, J., ,		X Oppose	x Preside	nt Senate State: 00
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement 2016 Ott	For: Primary General her (specify)
(a) SUBTOTAL of Itemized Independent Exper	nditures		•	0.00
(b) SUBTOTAL of Uniternized Independent Exp	penditures			
(-,				4 4
(c) TOTAL Independent Expenditures			· •	49. 149. 149.
Under penalty of perjury I certify that the indewith, or at the request or suggestion of, any caparty committee) any political party committee	indidate or authorize			
Young, Ryan, , , Signature	[Electro	nically Filed] Date	9 10	31 2016
Olynatule				

NAME OF COMMITTEE (In Full)	E OF FORM 24/48
Immigrant Voters Win PAC	CATION NUMBER ▼
C C00612	
Check if X 24-hour report 48-hour report New report Amends report filed on	/ Y = Y = Y = Y
Full Name of Payee VIP Tatical Security Date of Public Distribution) / Y Y Y Y Y
X Mailing Address 9105 NW 25 St Amount	2016
City State Zip Code	600.00
Doral FL 33172 Transaction ID : 24-0 Date of Disbursement	
Purpose of Expenditure Security Category/ Type 10 30	
Name of Federal Candidate Support Office Sought: Hous	se District: 00
Trump, Donald, J., ,	te State:00
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Pri 2016 Other (specify) ▶	imary x General
Full Name of Payee RaRa Rock Roots Rasin x Date of Public Distrib	
Mailing Address 640 NE 136 St Amount	
City State Zip Code	1000.00
N Miami FL 33161 Transaction ID : 24-01 Date of Disbursement	
Purpose of Expenditure Event Music Entertainment Category/ Type 10 10 Category/ Type	
Name of Federal Candidate Support Office Sought: House	se District: 00
Trump, Donald, J., ,	ate State: 00
Calendar Year-To-Date Per Election for Office Sought Disbursement For: □ Pri 2016 Other (specify) ▶	imary Seneral
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	7 1 7
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, con with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting er party committee) any political party committee or its agent.	
Young, Ryan, , , [Electronically Filed] Date 10 31	2016

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC	C C00612820
Check if X 24-hour report 48-hour report New report Amends report	t filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Fried, Jonathan, L, ,	10 30 2016
Mailing Address 715 NW 9th Ct	Amount
City State Zip Code	216.00
Homestead FL 33030	Transaction ID : 24-01-00262-01400 Date of Disbursement or Obligation
Purpose of Expenditure Organizer Coordinator Category/ Type	10 30 / Y 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
Trump, Donald, J., ,	resident Senate State: 00
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: Primary General 2016
Fill Name of Page	Other (specify)
Full Name of Payee Mentor, Robert, , ,	Date of Public Distribution/Dissemination
Mailing Address 227 NE 9th Ct	10 30 2016 Amount
0112	400.00
City State Zip Code Homestead FL 33030	160.00 Transaction ID : 24-01-00262-01402
Purpose of Expenditure Organizer Category/	Date of Disbursement or Obligation
Type	10 30 2016
Name of Federal Candidate Support	Office Sought: House District: 00
Trump, Donald, J., ,	▼ President Senate State:00
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary Seneral 2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	
(b) SUBTOTAL of Unitemized Independent Expenditures	•
(c) TOTAL Independent Expenditures	•
Under penalty of perjury I certify that the independent expenditures reported herein were n 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 31 2016
Signature	

PAGE

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Schedule E)	LIVI EXI LIVE	TIONES		PAGE 7 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC			C	C00612820
Check if 24-hour report 48-hour report	✗ New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee			Date of F	Public Distribution/Dissemination
Sabur, Jamilah, , ,			M 10	
Mailing Address 1281 NE 208th Terr			Amount	
City	State	Zip Code		200.00
Miami	FL	33179		ion ID: 24-01-00262-01403 Disbursement or Obligation
Purpose of Expenditure Organizer Coordinator		Category/ Type	M 10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Trump, Donald, J., ,		X Oppose	✗ President	Senate State: 00
Calendar Year-To-Date Per Election for Office Sought	, , , ,	0.00	Disbursement F 2016 Othe	or: Primary X General r (specify) ▶
Full Name of Payee			Date of I	Public Distribution/Dissemination
Rodriguez, Maria, , ,			10	
Mailing Address 2800 Biscayne Blvd			Amount	2010
City	State	Zip Code		265.62
Miami	FL	33137		on ID : 24-01-00262-01388 Disbursement or Obligation
Purpose of Expenditure Payroll		Category/ Type	M 10	M / D D / Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Trump, Donald, J., ,		x Oppose	x President	Senate State:00
Calendar Year-To-Date Per Election for Office Sought	7 7	0.00	Disbursement F 2016 Othe	or: Primary X General er (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures			0.00
				7 1 7 1 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· •	7 1 7 1 4
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Young, Ryan, , ,	[Electron	nically Filed] Date		31 2016
Signature				

Schedule E)	ADENT EXPEND	HONES		PAGE 8 OF 10 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	C IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC			C	
Check if 24-hour report 48-hour report	ort New rep	port Amends repo	ort filed on	/ D = D / Y = Y = Y
Full Name of Payee PV Music Concept			_M = M	
Mailing Address 2274 NE 172nd St			Amount	30 2016
City	State	Zip Code		2400.00
Miami	FL	33160		on ID: 24-01-00262-01389 isbursement or Obligation
Purpose of Expenditure Event Music Entertainment		Category/ Type	10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Trump, Donald, J., ,		X Oppose	✗ President	Senate State:00
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement Fo	r: Primary X General (specify) ▶
Full Name of Payee			Date of P	ublic Distribution/Dissemination
7th Circuit Production Inc x			10	30 / 2016
Mailing Address 599 NW 71 St			Amount	
City	State	Zip Code		900.00
Miami	FL	33150		on ID: 24-01-00262-01390 disbursement or Obligation
Purpose of Expenditure Event Stage Setup		Category/ Type	10	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Trump, Donald, J., ,		X Oppose	x President	Senate State:00
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement Fo	or: Primary X General (specify) ▶
(a) SUBTOTAL of Itemized Independent Exp	enditures			0.00
(-)				0.00
(b) SUBTOTAL of Unitemized Independent E	Expenditures		·· •	7
(c) TOTAL Independent Expenditures			· •	71171171
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Young, Ryan, , , Signature	[Electron	nically Filed] Date		31 2016
Olynatul e				

Schedule E)	I EXI END	ITOTILO		PAGE 9 OF 10 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	ort filed on	M = M / D = D / Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
De La Cruz, Guadalupe, , ,			[10 30 / 2016
Mailing Address 241 SE 6th Ave Apt 203			Amo	unt
City	State	Zip Code	— I	160.00
Homestead	FL	33030		saction ID: 24-01-00262-01399 of Disbursement or Obligation
Purpose of Expenditure Organizer		Category/ Type] [10 30 2016
Name of Federal Candidate		Support	Office Soug	ht: House District: 00
Trump, Donald, J., ,		X Oppose	x Presid	dent Senate State: 00
Calendar Year-To-Date Per Election for Office Sought	, , ,	0.00	Disburseme 2016	nt For: Primary ✗ General Other (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
JVA Campaigns, LLC				10 26 2016
Mailing Address 240 N 5th St, Suite 360			Amo	
City	State	Zip Code	$ \Gamma$	3341.63
Columbus	ОН	43215		action ID: 24-01-00263-01405 of Disbursement or Obligation
Purpose of Expenditure Canvassing Literature Design and Printing		Category/ Type		10 30 / Y Y Y Y Y
Name of Federal Candidate		✗ Support	Office Soug	ht: House District: 00
Clinton, Hillary , , ,		Oppose	x Presid	dent Senate State: 00
Calendar Year-To-Date Per Election for Office Sought	7	3244524.99	Disburseme 2016	ent For: Primary General Other (specify)
(a) SUPTOTAL of Itamized Independent Expanditure				2044.00
(a) SUBTOTAL of Itemized Independent Expenditure	:5		•	3341.63
(b) SUBTOTAL of Unitemized Independent Expendit	ures		· • [7
(c) TOTAL Independent Expenditures			•	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	te or authorized			
Young, Ryan, , ,	[Electron	ically Filed] Date	10	31 2016
Signature				

Schedule E)	PAGE 10 OF 10 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
Full Name of Payee	Date of Public Distribution/Dissemination
JVA Campaigns, LLC	10 26 2016
Mailing Address 240 N 5th St, Suite 360	Amount
City State Zip Code	3341.63
Columbus OH 43215	Transaction ID : 24-01-00263-01404 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing Literature Design and Printing Category/ Type	10 30 / Y 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	President Senate State: NV
Calendar Year-To-Date Per Election for Office Sought Disbur 2016	rsement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Mailing Address	Amount
	, illicant
City State Zip Code	,
Purpose of Expenditure Category/ Type	Date of Disbursement or Obligation
Name of Federal Candidate Support Office	Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Per Election for Office Sought	rsement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	3341.63
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	15054.24
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 either, party committee) any political party committee or its agent.	
Young, Ryan, , , [Electronically Filed] Date	0 31 2016
Signature	