

FEC FORM 5

REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation Latino Victory Project		3. FEC Identification Number C C90015181
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported 700 14th Street NW		
(c) City, State and ZIP Code Washington DC 20005		
2. Occupation and Name of Employer (for Individual Filers Only)		

4. TYPE OF REPORT (check appropriate boxes):

- (a) April 15 Quarterly Report
- July 15 Quarterly Report 24-Hour Report
- October 15 Quarterly Report 48-Hour Report
- January 31 Year-End Report

b) Is this Report an amendment? No Yes, it amends the report filed on / /

5. COVERING PERIOD:
 FROM / /
 THROUGH / /

6. TOTAL CONTRIBUTIONS..... 0.00

7. TOTAL INDEPENDENT EXPENDITURES 326654.90

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

TYPE OR PRINT NAME OF PERSON COMPLETING FORM	SIGNATURE	DATE
Sara Le Brusq	Sara Le Brusq <i>[Electronically Filed]</i>	01/27/2015

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

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F5N
Transaction ID :

The organization did not receive any contributions for the specific purpose of furthering an independent expenditure.

Form/Schedule:
Transaction ID:

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Latino Victory Project

Full Name (Last, First, Middle Initial) of Payee Fortune Media Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 527 Avenue B		Amount 88000.00	
City Redondo Beach	State CA	Zip Code 90277	
Purpose of Expenditure Media		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: CA <input type="checkbox"/> Senate District: 21 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: AMANDA RENTERIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		Transaction ID : F57.4108	

Full Name (Last, First, Middle Initial) of Payee Greenlight Media Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 29 / 2014	
Mailing Address 32 Court Street Suite 2109		Amount 5054.10	
City Brooklyn	State NY	Zip Code 11201	
Purpose of Expenditure Direct Mail		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: JOE GARCIA		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		Transaction ID : F57.4113	

Full Name (Last, First, Middle Initial) of Payee Solidarity Strategies LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 28 / 2014	
Mailing Address P.O. Box 52092		Amount 46525.80	
City Washington	State DC	Zip Code 20091	
Purpose of Expenditure Direct Mail		Category/ Type	Office Sought: <input checked="" type="checkbox"/> House State: FL <input type="checkbox"/> Senate District: 26 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: CARLOS CURBELO		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
		Transaction ID : F57.4099	

(a) SUBTOTAL of Itemized Independent Expenditures.....	139579.90
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	

**SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)
Latino Victory Project

Full Name (Last, First, Middle Initial) of Payee Solidarity Strategies LLC		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 02 / 2014	
Mailing Address P.O. Box 52092		Amount 7500.00	
City Washington	State DC	Zip Code 20091	Transaction ID : F57.4118
Purpose of Expenditure Phone Bank	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: CA District: 36
Name of Federal Candidate Supported or Opposed by Expenditure: DR. RAUL RUIZ		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee Waterfront Strategies		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 20 / 2014	
Mailing Address 3050 K Street NW Suite 100		Amount 179575.00	
City Washington	State DC	Zip Code 20007	Transaction ID : F57.4104
Purpose of Expenditure Media	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: TX District: 23
Name of Federal Candidate Supported or Opposed by Expenditure: WILLIAM HURD		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	
Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

(a) SUBTOTAL of Itemized Independent Expenditures.....	187075.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures..... (carry total from last page forward to Line 7)	326654.90