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

Schedule E)		PAGE 1 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
LATINO VICTORY FUND		
		C C00562777
Check if 24-hour report 48-hour report New re	eport Amends repo	rt filed on
Full Name of Payee		Date of Public Distribution/Dissemination
Abreu, Hilda, , ,		09 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Broad Street		Amount
City State	Zip Code	160.00
Providence RI	02903	Transaction ID : SE.8894 Date of Disbursement or Obligation
Purpose of Expenditure	Category/	M M / D D / Y Y Y Y
Canvassing	Туре	09 02 2023
Name of Federal Candidate	X Support	Office Sought: X House District: 01
MATOS, SABINA, , ,	Oppose	President Senate State: RI
Calendar Year-To-Date Per Election for Office Sought	5305.00	Disbursement For:
Full Name of Payee		Date of Public Distribution/Dissemination
Abreu Perez, Liria, , ,		M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Broad Street		09 02 2023
		Amount
City State	Zip Code	180.00
Providence RI	02903	Transaction ID: SE.8893
Purpose of Expenditure	Category/	Date of Disbursement or Obligation
Canvassing	Type	09 02 2023
Name of Federal Candidate	X Support	Office Sought:
MATOS, SABINA, , ,	Oppose	President Senate State: RI
Calendar Year-To-Date Per Election for Office Sought	5145.00	Disbursement For: Primary General 2023 Cother (specify) ► Special-Primary
		Other (specify) ▶ Special-Primary
(a) SUBTOTAL of Itemized Independent Expenditures		. ▶ 340.00
(b) SUBTOTAL of Uniternized Independent Expenditures		•
(c) TOTAL Independent Expenditures		
Under penalty of perjury I certify that the independent expenditure with, or at the request or suggestion of, any candidate or authorize party committee) any political party committee or its agent.	•	
Gonzalez, Maria, R., ,		M = M / D = D / Y = Y = Y
Signature	Date	09 03 2023
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IN EXILIE	MIGHES		PAGE 2 OF 5 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC	IDENTIFICATION NUMBER ▼
LATINO VICTORY FUND			С	C00562777
Check if Z 24-hour report 48-hour report Mew report Amends report filed on				
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Acosta, Domingo, Humberto, ,			M 09	02 / 2023
Mailing Address 115 Tobey Street			Amount	
City	State	Zip Code		120.00
Providence	RI	02909		n ID : SE.8896 bursement or Obligation
Purpose of Expenditure		Category/	M M	/ D D / Y Y Y Y
Canvassing		Type	09	02 2023
Name of Federal Candidate		X Support	Office Sought:	House District: 01
MATOS, SABINA, , ,		Oppose	President	Senate State: RI
Calendar Year-To-Date Per Election for Office Sought	.,,	5545.00	Disbursement For: 2023	
Full Name of Payee			Date of Pub	olic Distribution/Dissemination
Cordero, Rosalia, , ,			09	02 / 2023
Mailing Address 115 Tobey Street			Amount	
City	State	Zip Code		120.00
Providence	RI	02909	Transaction Date of Dis	
Purpose of Expenditure		Category/	MIM	/ D D / Y Y Y Y
Canvassing		Туре	09	02 2023
Name of Federal Candidate		X Support	Office Sought:	X House District: 01
MATOS, SABINA, , ,		Oppose	President	Senate State: RI
Calendar Year-To-Date Per Election for Office Sought	, , ,	5425.00	Disbursement For: 2023 Other (_ ,
(a) SUBTOTAL of Itemized Independent Expendi	tures			240.00
(a) CODICINE OF NOTIFICE MAGPORTON EXPONENT				240.00
(b) SUBTOTAL of Unitemized Independent Expen	nditures		· •	
(c) TOTAL Independent Expenditures			>	
Under penalty of perjury I certify that the indepe with, or at the request or suggestion of, any can party committee) any political party committee or	lidate or authorize			
Gonzalez, Maria, R., , Signature		Date	9 09 03	

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

		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
LATINO VICTORY FUND		C C00562777
Check if 24-hour report 48-hour report New rep	ort Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
De Leon, Ramon, , ,		09
Mailing Address 100 Broad St		Amount
City State	Zip Code	320.00
Providence RI	02903	Transaction ID : SE.8876 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing	Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	e Sought: X House District: 01
MATOS, SABINA, , ,	Oppose	President Senate State: RI
Calendar Year-To-Date Per Election for Office Sought	4365.00 Disbu 2023	rrsement For: Primary General Other (specify) ► Special-Primary
Full Name of Payee Montona, Luz, , ,		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Broad Street		Amount
City State	Zip Code	240.00
Providence RI	02903	Transaction ID : SE.8877 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing	Category/ Type	M 09
Name of Federal Candidate	Support Office	e Sought: X House District: 01
MATOS, SABINA, , ,	Oppose	President Senate State: RI
Calendar Year-To-Date Per Election for Office Sought	4605.00 Disbu 2023	or Special-Primary Other (specify) ▶ Special-Primary
(a) SUBTOTAL of Itemized Independent Expenditures		560.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······	
(c) TOTAL Independent Expenditures	······	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Gonzalez, Maria, R., , Signature	Date 0	9 03 7 2023
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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule E)

ooneduic Ly		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
LATINO VICTORY FUND		C C00562777
Check if 24-hour report 48-hour report New repo	rt Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee		Date of Public Distribution/Dissemination
Perez, Miledes, , ,		09 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Broad Street		Amount
City State	Zip Code	240.00
Providence RI	02903	Transaction ID : SE.8875 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing	Category/ Type	M M / 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: X House District: 01
MATOS, SABINA, , ,	Oppose	President Senate State: RI
Calendar Year-To-Date Per Election for Office Sought	4045.00 Disbu 2023	rrsement For: Primary General Other (specify) ► Special-Primary
Full Name of Payee Robles, Florencia, , ,		Date of Public Distribution/Dissemination
Mailing Address 1180 Westminster Street		09 02 2023 Amount
City State	Zip Code	200.00
Providence RI	02907	Transaction ID : SE.8892 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing	Category/ Type	09 / 02 / 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: X House District: 01
MATOS, SABINA, , ,		President Senate State: RI
Calendar Year-To-Date Per Election for Office Sought	4965.00 Disbu 2023	rrsement For: Primary General Other (specify) ► Special-Primary
(a) SUBTOTAL of Itemized Independent Expenditures		440.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures	•	
Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.		
Gonzalez, Maria, R., ,	Date 0	9 03 2023
Signature		

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

oonedale Ly		FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
LATINO VICTORY FUND		C C00562777
		1-1-1-1-1
Check if 24-hour report 48-hour report New	report Amends report filed	d on M M M / D D / Y Y Y Y Y
Full Name of Payee		Date of Public Distribution/Dissemination
Sanchez, Andry, , ,		09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 100 Broad Street		Amount
City State	Zip Code	160.00
Providence RI	02903	Transaction ID : SE.8878 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing	Category/ Type	Date of Disbursement of Obligation M
Name of Federal Candidate	Support Offic	e Sought: X House District: 01
MATOS, SABINA, , ,	Oppose	President Senate State: RI
Calendar Year-To-Date		ursement For: Primary General
Per Election for Office Sought	4765.00 2023	Other (specify) ▶ Special-Primary
Full Name of Payee	'	Date of Public Distribution/Dissemination
Mailing Address		Amount
City State	Zip Code	
		Date of Disbursement or Obligation
Purpose of Expenditure	Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate	Support Office	e Sought: House District:
		President Senate State:
Calendar Year-To-Date		ursement For: Primary General
Per Election for Office Sought	7	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	· · · · · · · · · · · · · · · · · · ·	160.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·····	
(c) TOTAL Independent Expenditures		1740.00
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authority party committee) any political party committee or its agent.		
Gonzalez, Maria, R., ,	Date	09 03 7 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature		

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