

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) **700 14TH STREET NW, 2ND FLOOR**
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 (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report (Q1)
 July 15 Quarterly Report (Q2)
 October 15 Quarterly Report (Q3)
 January 31 Year-End Report (YE)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer **Saenz, Adrian, , ,**

Signature of Treasurer **Saenz, Adrian, , ,** [Electronically Filed] Date / /

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="2020"/>	<input type="text" value="53529.84"/>	<input type="text" value="53529.84"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="227047.11"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="510004.71"/>	<input type="text" value="942054.71"/>
(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="737051.82"/>	<input type="text" value="995584.55"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="452276.72"/>	<input type="text" value="710809.45"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="284775.10"/>	<input type="text" value="284775.10"/>
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).....	21460.20	35310.20
(ii) Unitemized	1095.00	7620.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	22555.20	42930.20
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	17500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	25055.20	60430.20
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	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	484949.51	881624.51
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)).....▶	510004.71	942054.71
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	510004.71	942054.71

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	944.15	17124.84
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	944.15	17124.84
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	17500.00	49400.00
24. Independent Expenditures (use Schedule E)	427102.59	470719.24
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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	6729.98	173565.37
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)) ..	452276.72	710809.45
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	452276.72	710809.45

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)	25055.20	60430.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	25055.20	60430.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	944.15	17124.84
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	944.15	17124.84

**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 6 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<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. China, Manuel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7 W 96th St Apt 16A
 City New York State NY Zip Code 10025
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Popular Bank Occupation (for Individual) Banker
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1200.20

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.6293
 Amount of Each Receipt this Period 200.20
 Memo Item
 Conduit: ActBlue

B. Ferrari-Munoz, Kyle, J., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1017 North Main Ave Ste 300
 City San Antonio State TX Zip Code 78212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Philanthropist
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 30000.00

Date of Receipt 06 / 21 / 2020
Transaction ID : SA11AI.6274
 Amount of Each Receipt this Period 5000.00
 Memo Item
 Conduit: ActBlue

C. Garza-Cox, Sanjuanita, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 30 Royal Hts
 City San Antonio State TX Zip Code 78257
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pediatrix Medical Group Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date 5000.00

Date of Receipt 06 / 28 / 2020
Transaction ID : SA11AI.6283
 Amount of Each Receipt this Period 5000.00
 Memo Item
 Conduit: ActBlue

SUBTOTAL of Receipts This Page (optional).....	10200.20
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 7 OF 24
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/>	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
LATINO VICTORY FUND

A. Haley, Christina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2112 8th St NW Apt 416
 City Washington State DC Zip Code 20001
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Akin Gump Occupation (for Individual) Senior Policy Advisor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5050.00

Date of Receipt 06 / 28 / 2020
Transaction ID : SA11AI.6277
 Amount of Each Receipt this Period 5000.00
 Memo Item
 Conduit: ActBlue (\$50 Refunded 07/20)

B. 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) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 06 / 14 / 2020
Transaction ID : SA11AI.6251
 Amount of Each Receipt this Period 50.00
 Memo Item
 Conduit: ActBlue

C. Reyes, Joel, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 238 W Kings Hwy
 City San Antonio State TX Zip Code 78212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Staamp Occupation (for Individual) Physician
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.6295
 Amount of Each Receipt this Period 5000.00
 Memo Item
 Conduit: ActBlue

SUBTOTAL of Receipts This Page (optional).....	10050.00
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 8 OF 24
<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"/> 17

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NAME OF COMMITTEE (In Full)
LATINO VICTORY FUND

A. Roman, Eneida, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 41 Cedar Street
 City Wellesley State MA Zip Code 02481
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Roman Law Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA11AI.6292
 Amount of Each Receipt this Period 200.00
 Memo Item
 Conduit: ActBlue

B. Salzberg, Sharon, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1230 Pleasant St
 City Barre State MA Zip Code 01005
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Author
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 07 / 2020
Transaction ID : SA11AI.6214
 Amount of Each Receipt this Period 500.00
 Memo Item
 Conduit: ActBlue

C. Stone, Trevor, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 432 Chavis Way
 City Raleigh State NC Zip Code 27601
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Epic Games Occupation (for Individual) Software Engineer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 14 / 2020
Transaction ID : SA11AI.6249
 Amount of Each Receipt this Period 500.00
 Memo Item
 Conduit: ActBlue

SUBTOTAL of Receipts This Page (optional).....	1200.00
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 9 OF 24
(check only one)
 11a 11b 11c 12
 13 14 15 16 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
Yalowitz, Erika, , ,

Mailing Address 8350 Greensboro Dr #1011

City McLean State VA Zip Code 22102

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

Name of Employer (for Individual) Arlington County Occupation (for Individual) Court Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
310.00

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
06 / 14 / 2020

Transaction ID : SA11AI.6254

Amount of Each Receipt this Period
10.00

Memo Item
Conduit: ActBlue

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	10.00
TOTAL This Period (last page this line number only).....▶	21460.20

**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 24
<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 M	/	D D D	/	Y Y Y Y Y Y
06		30		2020

Transaction ID : SA11C.6296

Amount of Each Receipt this Period

22545.20

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

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

Mailing Address PO BOX 66005

City WASHINGTON	State DC	Zip Code 20035
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FEC ID number of contributing federal political committee. **C** C00573261

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		26		2020

Transaction ID : SA11C.6166

Amount of Each Receipt this Period

2500.00

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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

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Memo Item

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

**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 11 OF 24
<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
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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 M	/	D D D	/	Y Y Y Y Y Y
06		30		2020

Transaction ID : SA17.6297

Amount of Each Receipt this Period

17846.93

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

B. CHC BOLD PAC

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

Mailing Address PO BOX 75357

City WASHINGTON	State DC	Zip Code 20013
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FEC ID number of contributing federal political committee. **C** C00365536

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		16		2020

Transaction ID : SA17.6149

Amount of Each Receipt this Period

193551.29

Memo Item
 Non-contribution Account

C. Ehrgood, Kristin, S., ,

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

Mailing Address 3234 Ellicott Street NW

City Washington	State DC	Zip Code 20008
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Occupation (for Individual)
 Flamboyant Foundation CEO

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		07		2020

Transaction ID : SA17.6190

Amount of Each Receipt this Period

6000.00

Memo Item
 Conduit: ActBlue, Non-contribution Account

SUBTOTAL of Receipts This Page (optional).....	199551.29
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 12 OF 24
<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. Embeleco Inc.

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

Mailing Address Ave. Jose de Diego #555

City San Juan	State PR	Zip Code 00920
------------------	-------------	-------------------

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 ▼
25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2020

Transaction ID : SA17.6147

Amount of Each Receipt this Period
25000.00

Memo Item
Non-contribution Account

B. EMILY'S LIST

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

Mailing Address 1800 M STREET, NW
STE 375N

City WASHINGTON	State DC	Zip Code 20036
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FEC ID number of contributing federal political committee. **C** C00193433

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
193551.29

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		25		2020

Transaction ID : SA17.6150

Amount of Each Receipt this Period
193551.29

Memo Item
Non-contribution Account

C. Ferari-Munoz, Kyle, J., ,

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

Mailing Address 1017 North Main Ave Ste 300

City San Antonio	State TX	Zip Code 78212
---------------------	-------------	-------------------

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

Name of Employer (for Individual) Self-employed	Occupation (for Individual) Philanthropist
--	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
25000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		21		2020

Transaction ID : SA17.6191

Amount of Each Receipt this Period
10000.00

Memo Item
Conduit: ActBlue, Non-contribution Account

SUBTOTAL of Receipts This Page (optional).....	228551.29
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 13 OF 24
<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. Iturregui, Juan, C., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5604 Albia Rd
 City Bethesda State MD Zip Code 20816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Dentons LLP Occupation (for Individual) Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 30 / 2020
Transaction ID : SA17.6196
 Amount of Each Receipt this Period 250.00
 Memo Item
 Conduit: ActBlue, Non-contribution Account

B. Latino Victory Project
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 700 14th Street NW 2nd Floor
 City Washington State DC Zip Code 20005
 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 ▼ 5000.00

Date of Receipt 06 / 17 / 2020
Transaction ID : SA17.6177
 Amount of Each Receipt this Period 5000.00
 Memo Item
 Non-contribution Account

C. Martinez, Leopoldo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1290 Balls Hill Rd 10th Floor
 City Mc Lean State VA Zip Code 22101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Lawyer/Consultant
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 06 / 28 / 2020
Transaction ID : SA17.6192
 Amount of Each Receipt this Period 250.00
 Memo Item
 Conduit: ActBlue, Non-contribution Account

SUBTOTAL of Receipts This Page (optional).....	5500.00
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 14 OF 24
<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. Sunshine, Ken, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1050 Fifth Avenue 2F
 City New York State NY Zip Code 10028
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sunshine Sachs Occupation (for Individual) President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **06 / 07 / 2020**
Transaction ID : SA17.6186
 Amount of Each Receipt this Period 1000.00
 Memo Item
 Conduit: ActBlue, Non-contribution Account

B. UNITED FOOD AND COMMERCIAL WORKERS INTERNATIONAL UNION ACTIVE BALLOT CLUB
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1775 K STREET, NW
 City WASHINGTON State DC Zip Code 20006
 FEC ID number of contributing federal political committee. **C** C00002766
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 50000.00

Date of Receipt **06 / 10 / 2020**
Transaction ID : SA17.6148
 Amount of Each Receipt this Period 50000.00
 Memo Item
 Non-contribution Account

C. Yalowitz, Erika, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8350 Greensboro Dr #1011
 City McLean State VA Zip Code 22102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Arlington County Occupation (for Individual) Court Officer
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 385.93

Date of Receipt **06 / 30 / 2020**
Transaction ID : SA17.6193
 Amount of Each Receipt this Period 75.93
 Memo Item
 Conduit: ActBlue, Non-contribution Account

SUBTOTAL of Receipts This Page (optional).....	51075.93
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 15 OF 24
<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. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Yalowitz, Erika, , ,

Mailing Address 8350 Greensboro Dr #1011

City McLean	State VA	Zip Code 22102
----------------	-------------	-------------------

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

Name of Employer (for Individual) Arlington County	Occupation (for Individual) Court Officer
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
461.93

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2020

Transaction ID : SA17.6200

Amount of Each Receipt this Period
76.00

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).....	76.00
TOTAL This Period (last page this line number only).....	484754.51

**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 / 07 / 2020	
Mailing Address 366 Summer Street		FEC Identification Number C [] Transaction ID : SB21B.6160 Amount of Each Disbursement this Period [] 45.26	
City Somerville	State MA	Zip Code 02144	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 14 / 2020	
Mailing Address 366 Summer Street		FEC Identification Number C [] Transaction ID : SB21B.6161 Amount of Each Disbursement this Period [] 26.89	
City Somerville	State MA	Zip Code 02144	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 21 / 2020	
Mailing Address 366 Summer Street		FEC Identification Number C [] Transaction ID : SB21B.6162 Amount of Each Disbursement this Period [] 207.20	
City Somerville	State MA	Zip Code 02144	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 279.35
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. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 28 / 2020	
Mailing Address 366 Summer Street		FEC Identification Number C [] Transaction ID : SB21B.6163 Amount of Each Disbursement this Period [] 397.63	
City Somerville	State MA	Zip Code 02144	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 30 / 2020	
Mailing Address 366 Summer Street		FEC Identification Number C [] Transaction ID : SB21B.6164 Amount of Each Disbursement this Period [] 213.71	
City Somerville	State MA	Zip Code 02144	Category/ Type []
Purpose of Disbursement Credit Card Processing Fees		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C [] Amount of Each Disbursement this Period []	
City	State	Zip Code	Category/ Type []
Purpose of Disbursement		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) ▼		Memo Item <input type="checkbox"/>
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 611.34
TOTAL This Period (last page this line number only).....▶	[] 890.69

**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 checked="" 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

A. MELISSA MARK-VIVERITO FOR THE BRONX

Full Name (Last, First, Middle Initial)
MELISSA MARK-VIVERITO FOR THE BRONX

Date of Disbursement: MM / DD / YYYY
06 / 22 / 2020

Mailing Address: 32 COURT STREET
SUITE 2109

City: BROOKLYN State: NY Zip Code: 11201

Purpose of Disbursement: Contribution

FEC Identification Number: C 00715037
Transaction ID : SB23.6158

Candidate Name: MARK-VIVERITO, MELISSA, , ,

Amount of Each Disbursement this Period: 2500.00

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: NY District: 15

Memo Item

B. OZ FOR CONGRESS

Full Name (Last, First, Middle Initial)
OZ FOR CONGRESS

Date of Disbursement: MM / DD / YYYY
06 / 30 / 2020

Mailing Address: PO BOX 9467

City: PORT ST. LUCIE State: FL Zip Code: 34985

Purpose of Disbursement: Contribution

FEC Identification Number: C 00721290
Transaction ID : SB23.6171

Candidate Name: VAZQUEZ, OSVALDO, , ,

Amount of Each Disbursement this Period: 2500.00

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: FL District: 18

Memo Item

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

FEC Identification Number: C

Candidate Name

Amount of Each Disbursement this Period

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

State: District:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	17500.00

**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 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		Date of Disbursement MM / DD / YYYY 06 / 07 / 2020
Mailing Address 366 Summer Street		FEC Identification Number C Transaction ID : SB29.6143 Amount of Each Disbursement this Period 40.49
City Somerville	State MA	
Zip Code 02144		Memo Item <input type="checkbox"/>
Purpose of Disbursement Credit Card Processing Fees, Non-contribution Account		
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 / 21 / 2020
Mailing Address 366 Summer Street		FEC Identification Number C Transaction ID : SB29.6144 Amount of Each Disbursement this Period 395.00
City Somerville	State MA	
Zip Code 02144		Memo Item <input type="checkbox"/>
Purpose of Disbursement Credit Card Processing Fees, Non-contribution Account		
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. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 28 / 2020
Mailing Address 366 Summer Street		FEC Identification Number C Transaction ID : SB29.6145 Amount of Each Disbursement this Period 9.88
City Somerville	State MA	
Zip Code 02144		Memo Item <input type="checkbox"/>
Purpose of Disbursement Credit Card Processing Fees, Non-contribution Account		
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).....▶	445.37
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. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 06 / 30 / 2020
Mailing Address 366 Summer Street		FEC Identification Number C Transaction ID : SB29.6146 Amount of Each Disbursement this Period 259.62
City Somerville	State MA	
Zip Code 02144		Memo Item <input type="checkbox"/>
Purpose of Disbursement Credit Card Processing Fees, Non-contribution Account		
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. Catalina for New York		Date of Disbursement MM / DD / YYYY 06 / 19 / 2020
Mailing Address 132-15 87th Street		FEC Identification Number C Transaction ID : SB29.6184 Amount of Each Disbursement this Period 2000.00
City Ozone Park	State NY	
Zip Code 11417		Memo Item <input type="checkbox"/>
Purpose of Disbursement Contribution, Non-contribution Account		
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. Friends of Jon Rivera		Date of Disbursement MM / DD / YYYY 06 / 19 / 2020
Mailing Address 64 Parkdale Avenue Lower Apartment		FEC Identification Number C Transaction ID : SB29.6180 Amount of Each Disbursement this Period 2000.00
City Buffalo	State NY	
Zip Code 14213		Memo Item <input type="checkbox"/>
Purpose of Disbursement Contribution, Non-contribution Account		
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).....▶	4259.62
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. People for Jessica

Full Name (Last, First, Middle Initial) _____

Mailing Address PO Box 721079

City Jackson Heights State NY Zip Code 11372

Purpose of Disbursement Contribution, Non-contribution Account Category/Type

Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement MM / DD / YYYY 06 / 19 / 2020

FEC Identification Number C _____

Transaction ID : SB29.6182

Amount of Each Disbursement this Period 2000.00

Memo Item

B.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____ Category/Type

Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement MM / DD / YYYY _____

FEC Identification Number C _____

Amount of Each Disbursement this Period _____

Memo Item

C.

Full Name (Last, First, Middle Initial) _____

Mailing Address _____

City _____ State _____ Zip Code _____

Purpose of Disbursement _____ Category/Type

Candidate Name _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement MM / DD / YYYY _____

FEC Identification Number C _____

Amount of Each Disbursement this Period _____

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	6704.99

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
LATINO VICTORY FUND
FEC IDENTIFICATION NUMBER
C C00562777

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee: Break Something Inc.
Mailing Address: 1701 Rhode Island Avenue NW 5th Fl
City: Washington State: DC Zip Code: 20036
Purpose of Expenditure: Digital Advertising
Name of Federal Candidate: MARK-VIVERITO, MELISSA, ,
Office Sought: House District: 15 State: NY
Amount: 25000.00
Transaction ID: SE.6113
Date of Disbursement or Obligation: 06/15/2020

Full Name of Payee: Mosaic Media Strategy Group
Mailing Address: 1250 I Street NW
City: Washington State: DC Zip Code: 20005
Purpose of Expenditure: Media Production
Name of Federal Candidate: VALENZUELA, CANDACE, ,
Office Sought: House District: 24 State: TX
Amount: 15000.00
Transaction ID: SE.6132
Date of Disbursement or Obligation: 06/30/2020

(a) SUBTOTAL of Itemized Independent Expenditures 40000.00
(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 in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Saenz, Adrian, ,
Signature

[Electronically Filed]

Date 07/19/2020

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
LATINO VICTORY FUND
FEC IDENTIFICATION NUMBER
C C00562777

Check if 24-hour report 48-hour report
New report Amends report filed on

Full Name of Payee Sage Media
Mailing Address 1322 G Street SE
City Washington State DC Zip Code 20003
Purpose of Expenditure Media
Category/Type
Date of Public Distribution/Dissemination 06/30/2020
Amount 387102.59
Transaction ID : SE.6135
Date of Disbursement or Obligation 06/30/2020

Name of Federal Candidate: VALENZUELA, CANDACE, ,
Support Oppose
Office Sought: House District: 24
President Senate State: TX
Calendar Year-To-Date Per Election for Office Sought 402102.59
Disbursement For: Primary General
Other (specify) Runoff

Full Name of Payee
Mailing Address
City State Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support Oppose
Office Sought: House District:
President Senate State:
Calendar Year-To-Date Per Election for Office Sought
Disbursement For: Primary General
Other (specify)

Table with 2 columns: Description and Amount. (a) SUBTOTAL of Itemized Independent Expenditures 387102.59, (b) SUBTOTAL of Unitemized Independent Expenditures, (c) TOTAL Independent Expenditures 427102.59

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Saenz, Adrian, ,
Signature

[Electronically Filed]

Date 07/19/2020