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

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
LATINO VICTORY FUND	
	C C00562777
Check if X 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
Solidarity Strategies	M M / D D / Y Y Y Y
Mailing Address P.O. Box 52092	04 23 2016 Amount
City State Zip Code	21250.00
Washington DC 20091	Transaction ID : SE.4782 Date of Disbursement or Obligation
Purpose of Expenditure Phone Bank - Non-contribution Account Category/ Type	04 / 23 / 2016
Name of Federal Candidate Support Offi	ce Sought: X House District: 04
JOSELINE A. PENA-MELNYK Oppose	President Senate State: MD
Calendar Year-To-Date Per Election for Office Sought Disl 201	bursement For:
Full Name of Payee	Date of Public Distribution/Dissemination
	M = M / D = D / Y = Y = Y
Mailing Address	_
	Amount
City State Zip Code	
Purpose of Expenditure	Date of Disbursement or Obligation
Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Offi	ice Sought: House District:
Oppose	President Senate State:
Calendar Year-To-Date Dis	bursement For: Primary General
Per Election for Office Sought	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	21250.00
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	21250.00
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.	
Cana La Davia	
Sara Le Brusq [Electronically Filed] Date	04 24 2016
Signature	