#### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	IDITOTICS	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 report Amends report filed on 09 03 2023				
Full Name of Payee		Date of Public Distribution/Dissemination		
Abreu, Hilda, , ,		Date of Public Distribution/Dissernification		
Mailing Address 100 Broad Street		Amount		
City State	Zip Code	360.00		
Providence RI	02903	Transaction ID : SE.8906 Date of Disbursement 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 Of	ffice Sought: X House District: 01		
MATOS, SABINA, , ,	Oppose	President Senate State: RI		
Calendar Year-To-Date Per Election for Office Sought		isbursement For: ☐ Primary ☐ General  23		
Full Name of Payee		Date of Public Distribution/Dissemination		
Abreu Perez, Livia , , ,		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	380.00		
Providence RI	02903	Transaction ID : SE.8905  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	Support O	ffice Sought:     House District: 01		
MATOS, SABINA, , ,	Oppose	President Senate State: RI		
Calendar Year-To-Date Per Election for Office Sought		isbursement For: Primary General  O23  Other (specify) ▶ Special-Primary		
(a) SUBTOTAL of Itemized Independent Expenditures		740.00		
(a) SOBTOTAL OF HOMEZON MOOPENDONE EXPENDITURES	······································	740.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	•			
Under penalty of perjury I certify that the independent expenditu with, or at the request or suggestion of, any candidate or authori party committee) any political party committee or its agent.				
Gonzalez, Maria, R., ,	Date	M 09		
Signature				

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24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES					
Schedule E)	PAGE	2 OF 5 SE OF FORM 24/48			
NAME OF COMMITTEE (In Full)					
LATINO VICTORY FUND		CATION NUMBER ▼			
2.1	C C00562	2777			
	M M / D	D / Y Y Y Y Y			
Check if 24-hour report 48-hour report New report A	mends report filed on 09 03	2023			
Full Name of Payee	Date of Public Distrib	oution/Dissemination			
Acosta, Domingo, Humberto, ,	09 / D 02				
Mailing Address 115 Tobey Street					
	Amount				
City State Zip Code		120.00			
Providence RI 02909	Transaction ID : SE.  Date of Disbursemen				
Purpose of Expenditure Category.		_			
Canvassing Type		2 2023			
Name of Federal Candidate	Support Office Sought: X House	se District: 01			
MATOS, SABINA, , ,	Oppose President Sena	ate State: RI			
Calendar Year-To-Date		imary General			
Per Election for Office Sought 6365.0		,			
Full Name of Payee	Date of Public Distrib				
Cordero, Rosalia, , ,	M = M / D =	D / Y = Y = Y = Y			
Mailing Address 115 Tohey Street	09 02	2 2023			
Mailing Address 115 Tobey Street	Amount				
City State Zip Code		120.00			
Providence RI 02909	Transaction ID : SE.8				
Purpose of Expenditure Catagory	Date of Disbursemer				
Category. Canvassing Type					
Name of Federal Candidate					
Name of Federal Candidate  MATOS, SABINA, , ,		DI			
	Oppose President Sen	ale State:			
Calendar Year-To-Date Per Election for Office Sought 6245.0	2023	rimary General			
Tot Election for Clinice Godgitt	Other (specify)	Special-Primary			
(a) SUBTOTAL of Itemized Independent Expenditures	······	240.00			
(b) CURTOTAL of Uniterpized Independent Expenditures					
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>•</b>	7			
(c) TOTAL Independent Expenditures					
(-)	•	7			
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.		•			
		V - V - V			
Gonzalez, Maria, R., ,	Date 09 06	2023			
Signature					

### 24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)	TOTILO	PAGE 3 OF 5 FOR SE OF FORM 24/48		
IAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼		
LATINO VICTORY FUND		C C00562777		
check if 24-hour report 48-hour report New rep	ort X Amends repor	rt filed on 09 03 2023		
Full Name of Payee		Date of Public Distribution/Dissemination		
De Leon, Ramon, , ,		09 02 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 100 Broad St		Amount		
City State	Zip Code	380.00		
Providence RI	02903	Transaction ID : SE.8901		
Purpose of Expenditure		Date of Disbursement or Obligation		
Canvassing	Category/ Type	09 02 7 2023		
Name of Federal Candidate	Support	Office Sought:		
MATOS, SABINA, , ,	Oppose	President Senate State: RI		
Calendar Year-To-Date		Disbursement For: Primary General		
Per Election for Office Sought	4565.00	2023		
Full Name of Payee		Date of Public Distribution/Dissemination		
Montona, Luz, , ,		09		
Mailing Address 100 Broad Street		Amount		
City.	7: Od-	200.00		
City State Providence RI	Zip Code 02903	380.00 Transaction ID : SE.8902		
	1	Date of Disbursement or Obligation		
Purpose of Expenditure  Canvassing	Category/ Type	09 / 02 / 2023		
Name of Federal Candidate	Support	Office Sought:		
MATOS, SABINA, , ,	Oppose	President Senate State: RI		
Calendar Year-To-Date	4945.00	Disbursement For: Primary General 2023		
Per Election for Office Sought	4943.00	Other (specify) ▶Special-Primary		
(A) OUDTOTAL of Booking to the decrease of the second seco				
(a) SUBTOTAL of Itemized Independent Expenditures		760.00		
(b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>		
(c) TOTAL Independent Expenditures				
(c) TOTAL independent Experiationes		·		
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.				
Gonzalez, Maria, R., ,	Dete	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature	_ Date	2023		

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

	include Ly	FOR SE OF FORM 24/48		
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼		
L	ATINO VICTORY FUND	C C00562777		
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on 09 / 03 / 2023		
	Full Name of Payee	Date of Public Distribution/Dissemination		
	Perez, Miledes, , ,	09 02 7 2023		
	Mailing Address 100 Broad Street	Amount		
	City State Zip Code	380.00		
	Providence RI 02903	Transaction ID : SE.8900 Date of Disbursement or Obligation		
	Purpose of Expenditure Canvassing Category/ Type	M 09		
	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  Disbut 2023	rsement For: Primary General  Other (specify) ▶ Special-Primary		
	Full Name of Payee Robles, Inocencia, , ,	Date of Public Distribution/Dissemination		
	Molling Address	09 02 2023		
	Mailing Address 1180 Westminster Street	Amount		
	City State Zip Code	220.00		
	Providence RI 02907	Transaction ID : SE.8904 Date of Disbursement or Obligation		
	Purpose of Expenditure Canvassing Category/ Type	09 / 02 / Y 2023		
	Name of Federal Candidate Support Office	e Sought: X House District: 01		
	MATOC CADINA	President Senate State: RI		
	Calendar Year-To-Date Per Election for Office Sought  Disbut 2023	rrsement For: Primary General  Other (specify) ► Special-Primary		
	(a) SUBTOTAL of Itemized Independent Expenditures	600.00		
(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.				
	Buto	9 06 2023		
	Signature			

PAGE 4

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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 report	ort X Amends report filed	d on 09 / 03 / 2023		
Full Name of Payee		Date of Public Distribution/Dissemination		
Sanchez, Andry, , ,		09		
Mailing Address 100 Broad Street		Amount		
City State	Zip Code	220.00		
Providence RI	02903	Transaction ID : SE.8903  Date of Disbursement or Obligation		
Purpose of Expenditure Canvassing	Category/ Type	09 02 7 2023		
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	5165.00 Disb 2023	ursement For: Primary General  State of the primary Primary General State of the primary 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	ee Sought: House District:		
		President Senate State:		
Calendar Year-To-Date		pursement For: Primary General		
Per Election for Office Sought		Other (specify) -		
(a) SUBTOTAL of Itemized Independent Expenditures	·····	220.00		
(b) SUBTOTAL of Unitemized Independent Expenditures				
(c) TOTAL Independent Expenditures	<b>•</b>	2560.00		
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.				
Gonzalez, Maria, R., ,	_ Date	09 06 2023		
Signature				

PAGE 5

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