

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) **PO BOX 34104**
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 / / 2023 through / / 2023

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 **Gonzalez, Maria, R., ,**

Signature of Treasurer **Gonzalez, Maria, R., ,** Date / / 2023

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="2023"/>	<input type="text" value="768662.21"/>	<input type="text" value="768662.21"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="858547.84"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2487.72"/>	<input type="text" value="576810.13"/>
(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="861035.56"/>	<input type="text" value="1345472.34"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="29880.62"/>	<input type="text" value="514317.40"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="831154.94"/>	<input type="text" value="831154.94"/>
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

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).....	250.00	7300.00
(ii) Unitemized	232.00	3148.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	482.00	10448.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	482.00	12948.00
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	2005.72	562862.13
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)).....▶	2487.72	576810.13
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2487.72	576810.13

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	13991.54	30585.25
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	13991.54	30585.25
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	10000.00
24. Independent Expenditures (use Schedule E)	8060.00	19552.00
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	5.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5005.00
29. Other Disbursements (Including Non-Federal Donations).....	7829.08	449175.15
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)) ..	29880.62	514317.40
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29880.62	514317.40

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	482.00	12948.00
34. Total Contribution Refunds (from Line 28(d))	0.00	5005.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	482.00	7943.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	13991.54	30585.25
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	13991.54	30585.25

**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 23
	<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	

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

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Garrett, Christopher, , ,			Date of Receipt MM / DD / YYYY 09 / 21 / 2023 Transaction ID : SA11AI.9072		
Mailing Address 1430 Clay St			Amount of Each Receipt this Period 50.00		
City San Francisco	State CA	Zip Code 94109	<input type="checkbox"/> Memo Item Conduit: ActBlue		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) LinkedIn		Occupation (for Individual) Software Engineer			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Lewis, Michael, , ,			Date of Receipt MM / DD / YYYY 09 / 06 / 2023 Transaction ID : SA11AI.9060		
Mailing Address 7536 S Ivanhoe Circle			Amount of Each Receipt this Period 50.00		
City Centennial	State CO	Zip Code 80112	<input type="checkbox"/> Memo Item Conduit: ActBlue		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Janssen		Occupation (for Individual) Scientist			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00			

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Olivo, Cristobal, , ,			Date of Receipt MM / DD / YYYY 09 / 03 / 2023 Transaction ID : SA11AI.9058		
Mailing Address 574 West 192 street			Amount of Each Receipt this Period 25.00		
City New York	State NY	Zip Code 10040	<input type="checkbox"/> Memo Item Conduit: ActBlue		
FEC ID number of contributing federal political committee. C					
Name of Employer (for Individual) Twins Pharmacy		Occupation (for Individual) Pharmacy			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Aggregate Year-to-Date ▼ 225.00			

SUBTOTAL of Receipts This Page (optional).....▶	125.00
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 7 OF 23
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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. Rodriguez, Yamelsie, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8507 West Madison Drive
 City Niles State IL Zip Code 60714
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Planned Parenthood of the St Louis Reg Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 225.00

Date of Receipt 09 / 10 / 2023
Transaction ID : SA11AI.9061
 Amount of Each Receipt this Period 25.00
 Memo Item
 Conduit: ActBlue

B. Solis Doyle, Patti, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3719 Morrison Street
 City Washington State DC Zip Code 20015
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) The Brunswick Group Occupation (for Individual) Partner
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 900.00

Date of Receipt 09 / 17 / 2023
Transaction ID : SA11AI.9071
 Amount of Each Receipt this Period 100.00
 Memo Item
 Conduit: ActBlue

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
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	250.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:		PAGE 8 OF 23	
(check only one)			
<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

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. 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
--------------------	-------------	-------------------

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 / D D / Y Y Y Y Y Y
 09 / 30 / 2023

Transaction ID : SA11C.9087

Amount of Each Receipt this Period
 482.00

Memo Item

Total Received From Conduit During This Reporting Period

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 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 Y Y

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	0.00
TOTAL This Period (last page this line number only).....▶	0.00

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 9 OF 23
<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

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. 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
--------------------	-------------	-------------------

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
 09 / 30 / 2023

Transaction ID : SA17.9114

Amount of Each Receipt this Period
 2005.72

Memo Item

Total Received From Conduit During This Reporting Period Non-Contribution Account

B. Campuzano, Sol-Angel, , ,

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

Mailing Address 16032 Circle Diamond Rd

City Sylmar	State CA	Zip Code 91342
----------------	-------------	-------------------

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

Name of Employer (for Individual) Occupation (for Individual)
 Not Employed Retired

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
 09 / 21 / 2023

Transaction ID : SA17.9102

Amount of Each Receipt this Period
 30.00

Memo Item

Conduit: ActBlue, Non-Contribution Account

C. Gonzalez, Erika, , ,

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

Mailing Address 238 W King Highway

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

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

Name of Employer (for Individual) Occupation (for Individual)
 STAAMP Physician

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
 09 / 01 / 2023

Transaction ID : SA17.9092

Amount of Each Receipt this Period
 250.00

Memo Item

Conduit: ActBlue, Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	280.00
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 10 OF 23
<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

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. Ortiz Jones, Gina, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1234 Temple Square
 City San Antonio State TX Zip Code 78245
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Media Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 09 / 18 / 2023
Transaction ID : SA17.9101
 Amount of Each Receipt this Period 500.00
 Memo Item
 Conduit: ActBlue, Non-Contribution Account

B. Pena, Bernadette, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 454 Carroll
 City San Antonio State TX Zip Code 78225
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Miella Media Occupation (for Individual) Founder
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 09 / 09 / 2023
Transaction ID : SA17.9095
 Amount of Each Receipt this Period 300.00
 Memo Item
 Conduit: ActBlue, Non-Contribution Account

C. Reyes, Maya, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12 E Noble St
 City Stockton State CA Zip Code 95204
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Executive Occupation (for Individual) STAAMP
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 820.00

Date of Receipt 09 / 02 / 2023
Transaction ID : SA17.9091
 Amount of Each Receipt this Period 800.00
 Memo Item
 Conduit: ActBlue, Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	1600.00
TOTAL This Period (last page this line number only).....	1880.00

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 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

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

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 09 / 03 / 2023	
Mailing Address 366 Summer Street		FEC Identification Number C [] Transaction ID : SB21B.9123	
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period [] 1.31
Purpose of Disbursement Credit Card Processing Fee		Category/ Type []	Memo Item <input type="checkbox"/>
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) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 09 / 10 / 2023	
Mailing Address 366 Summer Street		FEC Identification Number C [] Transaction ID : SB21B.9124	
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period [] 4.37
Purpose of Disbursement Credit Card Processing Fee		Category/ Type []	Memo Item <input type="checkbox"/>
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) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. ActBlue Technical Services		Date of Disbursement MM / DD / YYYY 09 / 17 / 2023	
Mailing Address 366 Summer Street		FEC Identification Number C [] Transaction ID : SB21B.9125	
City Somerville	State MA	Zip Code 02144	Amount of Each Disbursement this Period [] 4.51
Purpose of Disbursement Credit Card Processing Fee		Category/ Type []	Memo Item <input type="checkbox"/>
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) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	[] 10.19
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

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. ActBlue Technical Services

Full Name (Last, First, Middle Initial)

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 24 / 2023

FEC Identification Number: C

Transaction ID : SB21B.9126

Amount of Each Disbursement this Period: 3.34

Memo Item

B. ActBlue Technical Services

Full Name (Last, First, Middle Initial)

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 30 / 2023

FEC Identification Number: C

Transaction ID : SB21B.9127

Amount of Each Disbursement this Period: 5.59

Memo Item

C. Capital One N.A.

Full Name (Last, First, Middle Initial)

Mailing Address 1200 F Street NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 01 / 2023

FEC Identification Number: C

Transaction ID : SB21B.9115

Amount of Each Disbursement this Period: 15.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 23.93

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

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

Full Name (Last, First, Middle Initial)

A. Capital One N.A.

Mailing Address 1200 F Street NW

City Washington State DC Zip Code 20004

Purpose of Disbursement

Bank Fee

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.9117

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Capital One N.A.

Mailing Address 1200 F Street NW

City Washington State DC Zip Code 20004

Purpose of Disbursement

Bank Fee

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 11 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.9118

Amount of Each Disbursement this Period

15.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Capital One N.A.

Mailing Address 1200 F Street NW

City Washington State DC Zip Code 20004

Purpose of Disbursement

Bank Fee

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 18 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.9120

Amount of Each Disbursement this Period

15.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

45.00

[Redacted]

**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

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. Capital One N.A.

Full Name (Last, First, Middle Initial)

Mailing Address 1200 F Street NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 25 / 2023

FEC Identification Number: C

Transaction ID : **SB21B.9121**

Amount of Each Disbursement this Period: 15.00

Memo Item

B. Latino Victory Project

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 34104

City Washington State DC Zip Code 20005

Purpose of Disbursement
Management Fee Reimbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 14 / 2023

FEC Identification Number: C

Transaction ID : **SB21B.9119**

Amount of Each Disbursement this Period: 13877.42

Memo Item

C. Paragon Solutions

Full Name (Last, First, Middle Initial)

Mailing Address 2141 E Broadway Rd Ste 202

City Tempe State AZ Zip Code 85282

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 09 / 05 / 2023

FEC Identification Number: C

Transaction ID : **SB21B.9116**

Amount of Each Disbursement this Period: 20.00

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	13912.42
TOTAL This Period (last page this line number only).....▶	13991.54

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

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

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 366 Summer Street

City
Somerville

State
MA

Zip Code
02144

Purpose of Disbursement

Credit Card Processing Fee, Non-Contribution Account

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		0	3		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : **SB29.9128**

Amount of Each Disbursement this Period

[REDACTED] 42.75

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 366 Summer Street

City
Somerville

State
MA

Zip Code
02144

Purpose of Disbursement

Credit Card Processing Fee, Non-Contribution Account

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	0		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : **SB29.9129**

Amount of Each Disbursement this Period

[REDACTED] 12.25

Memo Item

Full Name (Last, First, Middle Initial)

C. ActBlue Technical Services

Mailing Address 366 Summer Street

City
Somerville

State
MA

Zip Code
02144

Purpose of Disbursement

Credit Card Processing Fee, Non-Contribution Account

Candidate Name

Office Sought: House
 Senate
 President

State: _____ District: _____

Disbursement For:

Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		1	7		2	0	2	3

FEC Identification Number

C [REDACTED]

Transaction ID : **SB29.9130**

Amount of Each Disbursement this Period

[REDACTED] 0.80

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 55.80

[REDACTED]

**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

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

Full Name (Last, First, Middle Initial)

A. ActBlue Technical Services

Mailing Address 366 Summer Street

City
Somerville

State
MA

Zip Code
02144

Purpose of Disbursement
Credit Card Processing Fee, Non-Contribution Account

Candidate Name

Office Sought:
 House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	4		2	0	2	3

FEC Identification Number

C []

Transaction ID : SB29.9131

Amount of Each Disbursement this Period

[] 22.34 []

Memo Item

Full Name (Last, First, Middle Initial)

B. ActBlue Technical Services

Mailing Address 366 Summer Street

City
Somerville

State
MA

Zip Code
02144

Purpose of Disbursement
Credit Card Processing Fee, Non-Contribution Account

Candidate Name

Office Sought:
 House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	2	3

FEC Identification Number

C []

Transaction ID : SB29.9132

Amount of Each Disbursement this Period

[] 1.14 []

Memo Item

Full Name (Last, First, Middle Initial)

C. America Votes

Mailing Address PO Box 33516

City
Washington

State
DC

Zip Code
20033

Purpose of Disbursement
Annual Dues, Non-Contribution Account

Candidate Name

Office Sought:
 House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	9		2	0	2	3

FEC Identification Number

C []

Transaction ID : SB29.9137

Amount of Each Disbursement this Period

[] 5000.00 []

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

[] 5023.48 []

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

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

Full Name (Last, First, Middle Initial)

A. Capital One N.A.

Mailing Address 1200 F Street NW

City Washington State DC Zip Code 20004

Purpose of Disbursement

Stop Payment

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.9135

Amount of Each Disbursement this Period

[REDACTED] 35.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Herrera Arellano LLP

Mailing Address 530 E. McDowell Road # 107

City Phoenix State AZ Zip Code 85004

Purpose of Disbursement

Legal Fees, Non-Contribution Account

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 15 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.9136

Amount of Each Disbursement this Period

[REDACTED] 2600.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Paragon Solutions

Mailing Address 2141 E Broadway Rd Ste 202

City Tempe State AZ Zip Code 85282

Purpose of Disbursement

Credit Card Processing Fee, Non-Contribution Account

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
09 / 05 / 2023

FEC Identification Number

C [REDACTED]

Transaction ID : SB29.9134

Amount of Each Disbursement this Period

[REDACTED] 114.80

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶

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

[REDACTED] 2749.80

[REDACTED] 7829.08

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: Abreu, Hilda, , ,
Mailing Address: 100 Broad Street
City: Providence, State: RI, Zip Code: 02903
Purpose of Expenditure: Canvassing
Name of Federal Candidate: MATOS, SABINA, , ,
Office Sought: House, District: 01, State: RI
Amount: 360.00
Transaction ID: SE.8888
Date of Disbursement or Obligation: 09/02/2023
Disbursement For: Other (specify) Special-Primary
Calendar Year-To-Date Per Election for Office Sought: 15812.00

Full Name of Payee: Abreu Perez, Livia, , ,
Mailing Address: 100 Broad Street
City: Providence, State: RI, Zip Code: 02903
Purpose of Expenditure: Canvassing
Name of Federal Candidate: MATOS, SABINA, , ,
Office Sought: House, District: 01, State: RI
Amount: 380.00
Transaction ID: SE.8887
Date of Disbursement or Obligation: 09/02/2023
Disbursement For: Other (specify) Special-Primary
Calendar Year-To-Date Per Election for Office Sought: 15452.00

(a) SUBTOTAL of Itemized Independent Expenditures 740.00
(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.

Gonzalez, Maria, R., ,
Signature

Date 10/20/2023

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) LATINO VICTORY FUND	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00562777 </div>
---	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Acosta, Domingo, Humberto, ,	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 02 / 2023						
Mailing Address 115 Tobey Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">120.00</div> Transaction ID : SE.8890 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 02 / 2023						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Providence</td> <td>RI</td> <td>02909</td> </tr> </table>		City	State	Zip Code	Providence	RI	02909
City		State	Zip Code				
Providence	RI	02909					
Purpose of Expenditure Canvassing							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MATOS, SABINA, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 01 State: RI						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">16052.00</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2023 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary						

Full Name of Payee <input type="checkbox"/> Memo Item Cordero, Rosalia, , ,	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 02 / 2023						
Mailing Address 115 Tobey Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">120.00</div> Transaction ID : SE.8889 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 02 / 2023						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Providence</td> <td>RI</td> <td>02909</td> </tr> </table>		City	State	Zip Code	Providence	RI	02909
City		State	Zip Code				
Providence	RI	02909					
Purpose of Expenditure Canvassing							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MATOS, SABINA, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President District: 01 State: RI						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">15932.00</div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2023 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">240.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

 Signature

 Date M M / D D / Y Y Y Y Y Y
 10 / 20 / 2023

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: De Leon, Ramon, ,
Mailing Address: 100 Broad St
City: Providence, State: RI, Zip Code: 02903
Purpose of Expenditure: Canvassing
Name of Federal Candidate: MATOS, SABINA, , Support
Office Sought: House, District: 01, State: RI
Amount: 380.00
Transaction ID: SE.8870
Date of Disbursement or Obligation: 09/02/2023
Calendar Year-To-Date Per Election for Office Sought: 14252.00
Disbursement For: Other (specify) Special-Primary

Full Name of Payee: Jenga Strategies
Mailing Address: PO Box 42199
City: Fort Lauderdale, State: FL, Zip Code: 33345
Purpose of Expenditure: Digital Ads
Name of Federal Candidate: MATOS, SABINA, , Support
Office Sought: House, District: 01, State: RI
Amount: 2000.00
Transaction ID: SE.8860
Date of Disbursement or Obligation: 09/01/2023
Calendar Year-To-Date Per Election for Office Sought: 13492.00
Disbursement For: Other (specify) Special-Primary

(a) SUBTOTAL of Itemized Independent Expenditures 2380.00
(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.

Gonzalez, Maria, R.,
Signature

Date 10/20/2023

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) LATINO VICTORY FUND	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00562777 </div>
---	---

Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Montona, Luz, , ,	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 02 / 2023						
Mailing Address 100 Broad Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 380.00 </div> Transaction ID : SE.8871 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 02 / 2023						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Providence</td> <td>RI</td> <td>02903</td> </tr> </table>		City	State	Zip Code	Providence	RI	02903
City		State	Zip Code				
Providence	RI	02903					
Purpose of Expenditure Canvassing							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MATOS, SABINA, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: RI						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 14632.00 </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2023 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary						

Full Name of Payee <input type="checkbox"/> Memo Item Perez, Miledes, , ,	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 09 / 02 / 2023						
Mailing Address 100 Broad Street	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 380.00 </div> Transaction ID : SE.8869 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 09 / 02 / 2023						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Providence</td> <td>RI</td> <td>02903</td> </tr> </table>		City	State	Zip Code	Providence	RI	02903
City		State	Zip Code				
Providence	RI	02903					
Purpose of Expenditure Canvassing							
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose MATOS, SABINA, , ,	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> President <input type="checkbox"/> Senate District: 01 State: RI						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 13872.00 </div>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General 2023 <input checked="" type="checkbox"/> Other (specify) ▶ Special-Primary						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 760.00 </div>
(b) SUBTOTAL of Unitemized Independent Expenditures..... ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 0.00 </div>
(c) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> M M / D D / Y Y Y Y Y Y 760.00 </div>

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.,
Signature

Date M M / D D / Y Y Y Y Y Y
10 / 20 / 2023

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 Robles, Inocencia, , ,
Mailing Address 1180 Westminster Street
City Providence State RI Zip Code 02907
Purpose of Expenditure Canvassing
Name of Federal Candidate: MATOS, SABINA, , ,
Calendar Year-To-Date Per Election for Office Sought 15072.00
Disbursement For: Other (specify) Special-Primary

Full Name of Payee Sanchez, Andry, , ,
Mailing Address 100 Broad Street
City Providence State RI Zip Code 02903
Purpose of Expenditure Canvassing
Name of Federal Candidate: MATOS, SABINA, , ,
Calendar Year-To-Date Per Election for Office Sought 14852.00
Disbursement For: 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 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., ,
Signature

Date 10 / 20 / 2023

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
Vilar Strategy Group, LLC
Mailing Address
10524 Moss Park Rd
Suite 204-625
City
Orlando
State
FL
Zip Code
32832
Purpose of Expenditure
Phone Bank
Category/Type
Date of Public Distribution/Dissemination
09 / 05 / 2023
Amount
3500.00
Transaction ID : SE.8899
Date of Disbursement or Obligation
09 / 05 / 2023

Name of Federal Candidate:
MATOS, SABINA, ,
Support
Oppose
Office Sought:
House
Senate
District: 01
State: RI
Calendar Year-To-Date
Per Election for Office Sought
1952.00
Disbursement For:
Primary
General
Other (specify)
Special-Primary

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
Senate
District:
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 3500.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 8060.00

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.,
Signature

Date
10 / 20 / 2023