

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 OR AMENDED (A)
[X] (N) [] (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), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11) (Non-Election Year Only), Dec 20 (M12) (Non-Election Year Only), Jan 31 (YE)
(c) 12-Day PRE-Election Report for the: Primary (12P), General (12G), Runoff (12R), Convention (12C), Special (12S)
(d) 30-Day POST-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 08 / 01 / 2023 through 08 / 31 / 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 09 / 20 / 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)

Page 2

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="1039803.30"/> | |
| (c) Total Receipts (from Line 19) | <input type="text" value="2292.22"/> | <input type="text" value="574322.41"/> |
| (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="1042095.52"/> | <input type="text" value="1342984.62"/> |
| 7. Total Disbursements (from Line 31)..... | <input type="text" value="183547.68"/> | <input type="text" value="484436.78"/> |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | <input type="text" value="858547.84"/> | <input type="text" value="858547.84"/> |
| 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)..... | 150.00 | 7050.00 |
| (ii) Unitemized | 275.00 | 2916.00 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶ | 425.00 | 9966.00 |
| (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) | 425.00 | 12466.00 |
| 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.)..... | 1867.22 | 560856.41 |
| 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)).....▶ | 2292.22 | 574322.41 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶ | 2292.22 | 574322.41 |

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 | 1636.87 | 16593.71 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 1636.87 | 16593.71 |
| 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) | 11492.00 | 11492.00 |
| 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)..... | 170418.81 | 441346.07 |
| 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)) .. | 183547.68 | 484436.78 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 183547.68 | 484436.78 |

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) | 425.00 | 12466.00 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 5005.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 425.00 | 7461.00 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 1636.87 | 16593.71 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 1636.87 | 16593.71 |

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 22
(check only one)
 11a 11b 11c 12
 13 14 15 16 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, , ,

Mailing Address 1430 Clay St

City San Francisco State CA Zip Code 94109

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

Name of Employer (for Individual) LinkedIn Occupation (for Individual) Software Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 27 / 2023

Transaction ID : SA11AI.8950

Amount of Each Receipt this Period
50.00

Memo Item
Conduit: ActBlue

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Solis Doyle, Patti, , ,

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 ▼
800.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 20 / 2023

Transaction ID : SA11AI.8944

Amount of Each Receipt this Period
100.00

Memo Item
Conduit: ActBlue

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

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).....▶ | 150.00 |
| TOTAL This Period (last page this line number only).....▶ | 150.00 |

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

| | | | |
|------------------------------|------------------------------|---|---|
| FOR LINE NUMBER: | | PAGE 7 OF 22 | |
| <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 |
|--------------------|-------------|-------------------|

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
 08 / 31 / 2023

Transaction ID : SA11C.8984

Amount of Each Receipt this Period
 425.00

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 8 OF 22 |
| <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 |
|--------------------|-------------|-------------------|

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
 08 / 31 / 2023

Transaction ID : SA17.8985

Amount of Each Receipt this Period
 1867.22

Memo Item

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

B. 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) STAAMP | Occupation (for Individual) Physician |
|---|--|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 700.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 30 / 2023

Transaction ID : SA17.9051

Amount of Each Receipt this Period
 700.00

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) STAAMP | Occupation (for Individual) Physician |
|---|--|

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼ 1050.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 08 / 31 / 2023

Transaction ID : SA17.9053

Amount of Each Receipt this Period
 350.00

Memo Item

Conduit: Actblue, Non-Contribution Account

| | |
|---|---------|
| SUBTOTAL of Receipts This Page (optional)..... | 1050.00 |
| 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 9 OF 22 |
| <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. Lopez, Esteban, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6817 West Avenue
 City San Antonio State TX Zip Code 78213
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Google Cloud Occupation (for Individual) Market Lead
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt **08 / 30 / 2023**
Transaction ID : SA17.9052
 Amount of Each Receipt this Period 250.00
 Memo Item
 Conduit: Actblue, Non-Contribution Account

B. Martinez, Leopoldo, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1290 Balls Hill Road
 City McLean State VA Zip Code 22101
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) LMN Consulting LLC Occupation (for Individual) Media Consultant
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt **08 / 03 / 2023**
Transaction ID : SA17.9025
 Amount of Each Receipt this Period 250.00
 Memo Item
 Conduit: Actblue, Non-Contribution Account

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)..... | 500.00 |
| TOTAL This Period (last page this line number only)..... | 1550.00 |

**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 |

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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 Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 06 / 2023

FEC Identification Number: C

Transaction ID : **SB21B.8988**

Amount of Each Disbursement this Period: 4.49

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 Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 13 / 2023

FEC Identification Number: C

Transaction ID : **SB21B.8989**

Amount of Each Disbursement this Period: 2.74

Memo Item

C. 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 Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 20 / 2023

FEC Identification Number: C

Transaction ID : **SB21B.8990**

Amount of Each Disbursement this Period: 4.99

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 12.22

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

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 Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 27 / 2023

FEC Identification Number: C
Transaction ID : SB21B.8991

Amount of Each Disbursement this Period: 3.42

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 Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 31 / 2023

FEC Identification Number: C
Transaction ID : SB21B.8992

Amount of Each Disbursement this Period: 1.23

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
Wire Transfer Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 01 / 2023

FEC Identification Number: C
Transaction ID : SB21B.9008

Amount of Each Disbursement this Period: 15.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 19.65

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. Capital One N.A.

Mailing Address 1200 F Street NW

City Washington State DC Zip Code 20004

Purpose of Disbursement

Wire Transfer Fee

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 07 / 2023

FEC Identification Number

C []
Transaction ID : SB21B.9010

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

Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 14 / 2023

FEC Identification Number

C []
Transaction ID : SB21B.9011

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

Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 21 / 2023

FEC Identification Number

C []
Transaction ID : SB21B.9012

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

[]

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
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 28 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.9013

Amount of Each Disbursement this Period

[Redacted] 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
Credit Card Processing Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 31 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.9014

Amount of Each Disbursement this Period

[Redacted] 25.00

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 Fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
08 / 02 / 2023

FEC Identification Number

C [Redacted]

Transaction ID : SB21B.9009

Amount of Each Disbursement this Period

[Redacted] 20.00

Memo Item

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

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

[Redacted] 60.00

[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 |

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NAME OF COMMITTEE (In Full)
LATINO VICTORY FUND

A. The Money Wheel LLC

Full Name (Last, First, Middle Initial)

Mailing Address 1325 W Holly St

City Phoenix State AZ Zip Code 85007

Purpose of Disbursement
Compliance & Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 31 / 2023

FEC Identification Number: C

Transaction ID : SB21B.9015

Amount of Each Disbursement this Period: 1500.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement:

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

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

| | |
|--|---------|
| SUBTOTAL of Disbursements This Page (optional).....▶ | 1500.00 |
| TOTAL This Period (last page this line number only).....▶ | 1636.87 |

**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

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 Fees, Non-Contribution Account

Candidate Name

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

State: District:

Date of Disbursement: 08 / 06 / 2023

FEC Identification Number: C

Transaction ID : SB29.8993

Amount of Each Disbursement this Period: 10.36

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 Fees, Non-Contribution Account

Candidate Name

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

State: District:

Date of Disbursement: 08 / 13 / 2023

FEC Identification Number: C

Transaction ID : SB29.8994

Amount of Each Disbursement this Period: 0.40

Memo Item

C. 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 Fees, Non-Contribution Account

Candidate Name

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

State: District:

Date of Disbursement: 08 / 20 / 2023

FEC Identification Number: C

Transaction ID : SB29.8995

Amount of Each Disbursement this Period: 1.60

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 12.36

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

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 Fees, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 27 / 2023

FEC Identification Number: C

Transaction ID : **SB29.8996**

Amount of Each Disbursement this Period: 1.79

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 Fees, Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 31 / 2023

FEC Identification Number: C

Transaction ID : **SB29.8997**

Amount of Each Disbursement this Period: 59.66

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
Wire Transfer Fee-Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 08 / 31 / 2023

FEC Identification Number: C

Transaction ID : **SB29.9007**

Amount of Each Disbursement this Period: 25.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 86.45

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)

Grid for line numbers 21b through 30b, with line 29 checked.

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. Charter Linkz

Mailing Address 1110 South Avenue

City Staten Island State NY Zip Code 10314

Purpose of Disbursement Transportation Services, Non-Contribution Account

Candidate Name

Office Sought: House, Senate, President; Disbursement For: Primary, General, Other (specify); State: District:

Date of Disbursement

Date field: 08 / 14 / 2023

FEC Identification Number

FEC ID field: C

Transaction ID : SB29.9003

Amount of Each Disbursement this Period

Amount field: 2400.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Charter Linkz

Mailing Address 1110 South Avenue

City Staten Island State NY Zip Code 10314

Purpose of Disbursement Transportation Services, Non-Contribution Account

Candidate Name

Office Sought: House, Senate, President; Disbursement For: Primary, General, Other (specify); State: District:

Date of Disbursement

Date field: 08 / 25 / 2023

FEC Identification Number

FEC ID field: C

Transaction ID : SB29.9006

Amount of Each Disbursement this Period

Amount field: 2400.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Latino Victory Project

Mailing Address PO Box 34104

City Washington State DC Zip Code 20005

Purpose of Disbursement Management Fees, Non-Contribution Account

Candidate Name

Office Sought: House, Senate, President; Disbursement For: Primary, General, Other (specify); State: District:

Date of Disbursement

Date field: 08 / 17 / 2023

FEC Identification Number

FEC ID field: C

Transaction ID : SB29.9019

Amount of Each Disbursement this Period

Amount field: 24896.91

Memo Item

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

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

Subtotal field: 29696.91

Total field: (empty)

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. Latino Victory Project | | Date of Disbursement MM / DD / YYYY 08 / 17 / 2023 |
| Mailing Address PO Box 34104 | | FEC Identification Number C Transaction ID : SB29.9020 Amount of Each Disbursement this Period 29103.09 |
| City Washington | State DC | |
| Zip Code 20005 | Purpose of Disbursement Contribution, Non-Contribution Account | Memo Item <input type="checkbox"/> |
| 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. Latino Victory Project | | Date of Disbursement MM / DD / YYYY 08 / 31 / 2023 |
| Mailing Address PO Box 34104 | | FEC Identification Number C Transaction ID : SB29.9018 Amount of Each Disbursement this Period 100000.00 |
| City Washington | State DC | |
| Zip Code 20005 | Purpose of Disbursement Management Fees, Non-Contribution Account | Memo Item <input type="checkbox"/> |
| 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. Paragon Solutions | | Date of Disbursement MM / DD / YYYY 08 / 02 / 2023 |
| Mailing Address 2141 E Broadway Rd Ste 202 | | FEC Identification Number C Transaction ID : SB29.8998 Amount of Each Disbursement this Period 20.00 |
| City Tempe | State AZ | |
| Zip Code 85282 | Purpose of Disbursement Credit Card Processing Fees, Non-Contribution Account | Memo Item <input type="checkbox"/> |
| 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).....▶ | 129123.09 |
| 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. State of Nevada Secretary of State

Mailing Address 101 N. Carson Street
Suite 3

City Carson City State NV Zip Code 89701

Purpose of Disbursement
Payment for Late Filing 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
08 / 15 / 2023

FEC Identification Number

C

Transaction ID : SB29.9005

Amount of Each Disbursement this Period

10000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. The Money Wheel LLC

Mailing Address 1325 W Holly St

City Phoenix State AZ Zip Code 85007

Purpose of Disbursement
Compliance & Accounting Services-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
08 / 31 / 2023

FEC Identification Number

C

Transaction ID : SB29.9001

Amount of Each Disbursement this Period

1500.00

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

11500.00

170418.81

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: Anthony Rojas
Mailing Address: 736 W 181st Apt 2C
City: New York State: NY Zip Code: 10033
Purpose of Expenditure: Mailer Design Fee
Category/Type:
Name of Federal Candidate: MATOS, SABINA, , ,
Support: [X] Oppose: []
Office Sought: House District: 01 State: RI
Calendar Year-To-Date Per Election for Office Sought: 1275.00
Disbursement For: Other (specify) Special-Primary

Full Name of Payee: Lino Press NY
Mailing Address: 4482 Broadway
City: New York State: NY Zip Code: 10040
Purpose of Expenditure: Printing
Category/Type:
Name of Federal Candidate: MATOS, SABINA, , ,
Support: [X] Oppose: []
Office Sought: House District: 01 State: RI
Calendar Year-To-Date Per Election for Office Sought: 975.00
Disbursement For: Other (specify) Special-Primary

(a) SUBTOTAL of Itemized Independent Expenditures: 1275.00
(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 09 / 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; display: inline-block;"> 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 Lino Press NY | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 25 / 2023 | | | | | | |
| Mailing Address 4482 Broadway | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 8987.00 </div> Transaction ID : SE.8851 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 25 / 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>New York</td> <td>NY</td> <td>10040</td> </tr> </table> | | City | State | Zip Code | New York | NY | 10040 |
| City | | State | Zip Code | | | | |
| New York | NY | 10040 | | | | | |
| Purpose of Expenditure Direct Mail | | | | | | | |
| 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; display: inline-block; width: 100%;"> 10262.00 </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 Lino Press NY | Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 26 / 2023 | | | | | | |
| Mailing Address 4482 Broadway | Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%;"> 700.00 </div> Transaction ID : SE.8853 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 25 / 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>New York</td> <td>NY</td> <td>10040</td> </tr> </table> | | City | State | Zip Code | New York | NY | 10040 |
| City | | State | Zip Code | | | | |
| New York | NY | 10040 | | | | | |
| Purpose of Expenditure Signs | | | | | | | |
| 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; display: inline-block; width: 100%;"> 10962.00 </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; display: inline-block; width: 100%;"> 9687.00 </div> |
| (b) SUBTOTAL of Unitemized Independent Expenditures..... ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> [Empty] </div> |
| (c) TOTAL Independent Expenditures ▶ | <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100%; height: 20px;"> [Empty] </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
 09 / 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: Lino Press NY
Mailing Address: 4482 Broadway
City: New York State: NY Zip Code: 10040
Purpose of Expenditure: T-Shirts
Category/Type:
Date of Public Distribution/Dissemination: 08/26/2023
Amount: 530.00
Transaction ID: SE.8855
Date of Disbursement or Obligation: 08/25/2023

Name of Federal Candidate: MATOS, SABINA, ,
Support: [X] Oppose: []
Office Sought: [X] House [] President [] Senate []
District: 01 State: RI
Calendar Year-To-Date Per Election for Office Sought: 11492.00
Disbursement For: [X] Other (specify) Primary [] General []

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 President 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: 530.00
(b) SUBTOTAL of Unitemized Independent Expenditures:
(c) TOTAL Independent Expenditures: 11492.00

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: 09/20/2023