

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**
Hispanic Victory PAC

ADDRESS (number and street) 1717 Pennsylvania Ave NW
Ste 1025
 Check if different than previously reported. (ACC) Washington DC 20006-3951

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00614453 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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

5. Covering Period / / through / /

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Sanchez Canete, Jesus, D, ,
Type or Print Name of Treasurer

Signature of Treasurer Sanchez Canete, Jesus, D, , [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Hispanic Victory PAC

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="2016"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="55920.04"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="70748.45"/>	<input type="text" value="236309.35"/>
(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="126668.49"/>	<input type="text" value="236309.35"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="70542.47"/>	<input type="text" value="180183.33"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="56126.02"/>	<input type="text" value="56126.02"/>
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="50430.23"/>	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name
Hispanic Victory PAC

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).....	17585.00	47478.00
(ii) Unitemized	53163.45	188831.35
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	70748.45	236309.35
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	70748.45	236309.35
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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)).....▶	70748.45	236309.35
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	70748.45	236309.35

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

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	39906.34	62620.59
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	39906.34	62620.59
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	30636.13	117477.74
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	85.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	85.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
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)) ..	70542.47	180183.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70542.47	180183.33

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)	70748.45	236309.35
34. Total Contribution Refunds (from Line 28(d))	0.00	85.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70748.45	236224.35
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	39906.34	62620.59
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	39906.34	62620.59

: 97 `A-G79 @G B9CI G`H9LH`F9 @G H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5H-CB

Form/Schedule: F3XA
Transaction ID :

This amendment includes operating account activity that was not previously disclosed on the prior report. The increase in receipts of \$70,748.45 and disbursements of \$50,158.84 was not previously disclosed because the information regarding this activity was not available to us at the time of the initial filing. We typically receive reports regarding receipts and disbursements on a monthly basis. Since the deadline was in the middle of the month, we were able to get some information by the deadline but not all of it. Now that we have received all reports regarding financial activity for the period, we can provide the most complete and accurate filing.

Form/Schedule:
Transaction ID:

**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 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Hispanic Victory PAC

A. Alford, James, H, Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1320 S Rivercrest Dr

City Gonzales	State TX	Zip Code 78629-4749
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) gonzales ISP	Occupation (for Individual) School Psycholo
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		12		2016

Transaction ID : ACDEC5FE2A84744DBBC:

Amount of Each Receipt this Period
500.00

Memo Item

B. Baker, Roger, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 6359 E Rochelle St

City Mesa	State AZ	Zip Code 85215-0709
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual)
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

Transaction ID : A47E3CD44B87A49BFBC0

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 6359 E Rochelle St

City Mesa	State AZ	Zip Code 85215-0709
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual)
---	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1200.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

Transaction ID : A9F935CD173D04D5DBAB

Amount of Each Receipt this Period
1000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1700.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Hispanic Victory PAC

A. Bartlett, Kenneth, S, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 324 Hearthstone Ridge Rd
 City Landrum State SC Zip Code 29356-9602
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 285.00

Date of Receipt 10 / 04 / 2016
Transaction ID : AC98070820EB74885902
 Amount of Each Receipt this Period 35.00
 Memo Item

B. Bickle, Don, G, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3511 Fairway Dr # B
 City Hays State KS Zip Code 67601-1546
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Warehouse Inc Occupation (for Individual) Semi Ret
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 07 / 2016
Transaction ID : A90DA957D0FBE4D7DB05
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Burns, Stephen, H, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 78 Cushing Rd
 City Friendship State ME Zip Code 04547-4140
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2016
Transaction ID : A56CD25CC0BB843108ED
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	535.00
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 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Hispanic Victory PAC

A. Christopher, Donald, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 305 Bloomfield Ave
 City Gilroy State CA Zip Code 95020-9516
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2016
Transaction ID : A9B06CBDA927446F08A1
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Crawford, Donald, B, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 3003
 City Blue Bell State PA Zip Code 19422-0735
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 04 / 2016
Transaction ID : A8579B7A898E9414480F
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Cusick, Laurence, F, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1912 NE Ocean Blvd
 City Stuart State FL Zip Code 34996-2933
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 04 / 2016
Transaction ID : AC3E9BC73FEAD4F7A9BA
 Amount of Each Receipt this Period 200.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	550.00
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 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Hispanic Victory PAC

A. Ellbogen, Martin, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1420 Brookview Dr

City Casper	State WY	Zip Code 82604-4853
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		10		2016

Transaction ID : A94FAB5B7A37C46A0A4D

Amount of Each Receipt this Period
500.00

Memo Item

B. Fabrizio, Chris, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4 Forest Hills Dr

City Farmington	State CT	Zip Code 06032-3000
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		10		2016

Transaction ID : ADE93AD7285EF41FD849

Amount of Each Receipt this Period
200.00

Memo Item

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

Mailing Address 4496 Big Creek Rd

City Gerald	State MO	Zip Code 63037-2616
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		10		2016

Transaction ID : AA863CEBBF0994614A2B

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	950.00
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 11 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Hispanic Victory PAC

A. Garthwait, Robert, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 1367

City Waterbury	State CT	Zip Code 06721-1367
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual)
---	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

Transaction ID : A31D9BA2103704A7E960

Amount of Each Receipt this Period
500.00

Memo Item

B. Gearhart, Marilyn, J, Ms.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO Box 427

City Waterville	State WA	Zip Code 98858-0427
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Retired	Occupation (for Individual) Retired
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
750.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

Transaction ID : A91911D2B4AC24EEFA36

Amount of Each Receipt this Period
500.00

Memo Item

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

Mailing Address 523 W 6th St
Ste 723

City Los Angeles	State CA	Zip Code 90014-1223
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		10		2016

Transaction ID : A973F9F25150E4D4B81D

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	1500.00
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 12 OF 51
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Hispanic Victory PAC

A. Harris, F, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 541 Thornton Rd

City Lithia Springs	State GA	Zip Code 30122-1517
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BE
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	06	/	2016

Transaction ID : AD635D9CE1A4A4E44A6C

Amount of Each Receipt this Period
250.00

Memo Item

B. Hillman, Tatnall, L, Capt, SC USNR Re
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 504 W Bleeker St

City Aspen	State CO	Zip Code 81611-1228
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2016

Transaction ID : A5A802046E05C4359B3D

Amount of Each Receipt this Period
2000.00

Memo Item

C. Hillman, Tatnall, L, Capt, SC USNR Re
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 504 W Bleeker St

City Aspen	State CO	Zip Code 81611-1228
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FEC ID number of contributing federal political committee. **C**

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	07	/	2016

Transaction ID : AD1FEF2988C0446CFB55

Amount of Each Receipt this Period
3000.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	5250.00
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 13 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Hispanic Victory PAC

A. Johnson, Thomas, G, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2974 Constellation Dr
 City Chambersburg State PA Zip Code 17202-7069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 10 / 2016
Transaction ID : A2175FF7D329C47DB9C3
 Amount of Each Receipt this Period 300.00
 Memo Item

B. Kastner, Gordon, R, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1596 W Southfield Cir
 City Cordova State TN Zip Code 38016-8799
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 10 / 2016
Transaction ID : A524AC1F959EC4641B0C
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Kittredge, Robert, M, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 622 N Dartmouth Rd
 City Spokane Valley State WA Zip Code 99206-3821
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 05 / 2016
Transaction ID : A6F449EB993F848CD853
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Hispanic Victory PAC

A. Lorenzo, Francisco, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 515 Madison Ave
 Rm 1140
 City New York State NY Zip Code 10022-5496
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2016
Transaction ID : A62D8887E094F40538DC
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Mainord, Max, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 801 N Main St
 Ste Q
 City Andrews State TX Zip Code 79714-4030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Retired Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2016
Transaction ID : A91056B81F8AC4F079F4
 Amount of Each Receipt this Period 100.00
 Memo Item

C. McManus, James, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 88 Chestnut St
 City Weston State MA Zip Code 02493-1533
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 12 / 2016
Transaction ID : A871A52D55B584C7F91D
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 15 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Hispanic Victory PAC

A. McMillan, James, C, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Crystal Canyon PI
 City Spring State TX Zip Code 77389-5310
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Homemaker Occupation (for Individual) Homemaker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 10 / 07 / 2016
Transaction ID : A29B38FF8A99A4981847
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Melnyk, Luba, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 8132 Dongan Ave
 City Elmhurst State NY Zip Code 11373-3731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 03 / 2016
Transaction ID : A5843A1F7210C498CAF5
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Mickelson, Ellen, , Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1828
 City Dunedin State FL Zip Code 34697-1828
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 14 / 2016
Transaction ID : AB8BB6705B2804F199CE
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	600.00
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 16 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Hispanic Victory PAC

A. Norfleet, Glenn, D, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 98 Bob White Dr
 City Manchester State TN Zip Code 37355-5920
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt 10 / 07 / 2016
Transaction ID : A8529C17FF81F4C688EC
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Novoy, Donald, , Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5163 Mangrove Dr
 City Saginaw State MI Zip Code 48603-1143
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 10 / 04 / 2016
Transaction ID : A5014401E3FC74E75BAF
 Amount of Each Receipt this Period 200.00
 Memo Item

C. Oberstar, Helen, E, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 512 Belden Hill Rd
 City Wilton State CT Zip Code 06897-4221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2016
Transaction ID : A9E51835F1E654F9683B
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
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 17 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Hispanic Victory PAC

A. O'Reilly, Michael, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6001 Highway A1A
 City Vero Beach State FL Zip Code 32963-1014
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 17 / 2016
Transaction ID : A4DB719D84B63471B81C
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Pattison, Richard, I, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 20 George St Apt 2
 City Malden State MA Zip Code 02148-3212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 04 / 2016
Transaction ID : AED0FCDB2C4EE4E4D8E9
 Amount of Each Receipt this Period 250.00
 Memo Item

C. Prince, Elsa, D, Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1057 S Shore Dr
 City Holland State MI Zip Code 49423-4500
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual)
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2016
Transaction ID : A6BB515BACAC34964812
 Amount of Each Receipt this Period 250.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	750.00
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 18 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Hispanic Victory PAC

A. Rahe, Eleanor, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6045 Barberry Holw
 City Columbus State OH Zip Code 43213-3303
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 14 / 2016
Transaction ID : A71B6F736CBB54B0381A
 Amount of Each Receipt this Period 500.00
 Memo Item

B. Remington, James, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2300 Cedarfield Pkwy Apt 263
 City Richmond State VA Zip Code 23233-1942
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) INFORMATION REQUESTED PER BEST EFFORTS Occupation (for Individual)
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 04 / 2016
Transaction ID : ACA5C4AE0E6BB4A8D826
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Ries, Melvin, A, Mr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3585 Round Barn Blvd Apt 329
 City Santa Rosa State CA Zip Code 95403-0145
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Retired Occupation (for Individual) Retired
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 233.64

Date of Receipt 10 / 04 / 2016
Transaction ID : A368D341F47F443CF9C2
 Amount of Each Receipt this Period 50.00
 Memo Item

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 19 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Hispanic Victory PAC

A. Schlindwein, Suzanne, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 Boon Cv
 City Austin State TX Zip Code 78732-2478
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 10 / 07 / 2016
Transaction ID : A5C83C8907B8B4CB3BDA
 Amount of Each Receipt this Period 250.00
 Memo Item

B. Straub, Carole, , Ms.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 583 High Timber Dr
 City Westerville State OH Zip Code 43082-6389
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Self Employed Self
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 06 / 2016
Transaction ID : A4DD15AB242D74703917
 Amount of Each Receipt this Period 500.00
 Memo Item

C. Stultz, Mary, N, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 262 Deerfield Cir
 City Kingwood State WV Zip Code 26537-1358
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BES
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 750.00

Date of Receipt 10 / 03 / 2016
Transaction ID : A3B9C3E050D114E24B91
 Amount of Each Receipt this Period 500.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1250.00
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 20 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Hispanic Victory PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
A. Thompson, Jane, Luellen, Mrs.,

Mailing Address 21650 Spur

City Hinton State OK Zip Code 73047-2323

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

Name of Employer (for Individual) Occupation (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt **10 / 10 / 2016**

Transaction ID : A8DAEC3994AC4400BA15

Amount of Each Receipt this Period **500.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
B. Vander Haag, Ruth, , Mrs.,

Mailing Address PO Box 550

City Sanborn State IA Zip Code 51248-0550

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

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

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt **10 / 10 / 2016**

Transaction ID : AAFB458CACFC94473ADC

Amount of Each Receipt this Period **1000.00**

Memo Item

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
C. Walden, Robert, L, Mr.,

Mailing Address 34 NW 1144 Private Rd

City Leeton State MO Zip Code 64761-7134

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

Name of Employer (for Individual) Occupation (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS INFORMATION REQUESTED PER BES

Receipt For: Primary General Other (specify)

Aggregate Year-to-Date ▼ **425.00**

Date of Receipt **10 / 04 / 2016**

Transaction ID : A8C4ACD261EC64362A2D

Amount of Each Receipt this Period **100.00**

Memo Item

SUBTOTAL of Receipts This Page (optional)..... **1600.00**

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 21 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

<input type="checkbox"/> 12	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
Hispanic Victory PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Woodriff, Piers, , Mr.,

Mailing Address PO Box 503

City Somerset State VA Zip Code 22972-0503

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

Name of Employer (for Individual) Occupation (for Individual)
INFORMATION REQUESTED PER BEST EFFORTS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 03 / 2016

Transaction ID : **A6DCB3A052B4340D2BB7**

Amount of Each Receipt this Period
100.00

Memo Item

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).....▶	100.00
TOTAL This Period (last page this line number only).....▶	17585.00

**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)
Hispanic Victory PAC

A. Campaign Funding Direct

Full Name (Last, First, Middle Initial)

Mailing Address 1420 Spring Hill Road
Suite 490

City McLean State VA Zip Code 22102-3028

Purpose of Disbursement Agency Fee - Direct Mail - Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 10 / 2016

FEC Identification Number: C

Transaction ID : BE03A34EBE

Amount of Each Disbursement this Period: 274.13

Memo Item

B. Campaign Funding Direct

Full Name (Last, First, Middle Initial)

Mailing Address 1420 Spring Hill Road
Suite 490

City McLean State VA Zip Code 22102-3028

Purpose of Disbursement Agency Fee - Direct Mail - Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 10 / 2016

FEC Identification Number: C

Transaction ID : B31AA192B8I

Amount of Each Disbursement this Period: 5020.43

Memo Item

C. Campaign Funding Direct

Full Name (Last, First, Middle Initial)

Mailing Address 1420 Spring Hill Road
Suite 490

City McLean State VA Zip Code 22102-3028

Purpose of Disbursement Agency Fee - Direct Mail - Consulting

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 17 / 2016

FEC Identification Number: C

Transaction ID : B8CA689890

Amount of Each Disbursement this Period: 1919.55

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 7214.11

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)
Hispanic Victory PAC

Full Name (Last, First, Middle Initial) A. Campaign Funding Direct		Date of Disbursement MM / DD / YYYY 10 / 17 / 2016
Mailing Address 1420 Spring Hill Road Suite 490		FEC Identification Number C [REDACTED] Transaction ID : B2E634D9C4 Amount of Each Disbursement this Period [REDACTED] 892.80
City McLean	State VA	Zip Code 22102-3028
Purpose of Disbursement Agency Fee - Direct Mail - Consulting		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. Colortree Group, Inc.		Date of Disbursement MM / DD / YYYY 10 / 10 / 2016
Mailing Address 8000 Villa Park Drive		FEC Identification Number C [REDACTED] Transaction ID : B502D265562 Amount of Each Disbursement this Period [REDACTED] 1451.04
City Richmond	State VA	Zip Code 23228-6500
Purpose of Disbursement Printing		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. Colortree Group, Inc.		Date of Disbursement MM / DD / YYYY 10 / 10 / 2016
Mailing Address 8000 Villa Park Drive		FEC Identification Number C [REDACTED] Transaction ID : B45D0FD2F7 Amount of Each Disbursement this Period [REDACTED] 2455.60
City Richmond	State VA	Zip Code 23228-6500
Purpose of Disbursement Printing		Category/ Type [REDACTED]
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:	<input type="checkbox"/> Memo Item	

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

[REDACTED] 4799.44

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

[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)
Hispanic Victory PAC

Full Name (Last, First, Middle Initial) A. CP Direct		Date of Disbursement MM / DD / YYYY 10 / 10 / 2016
Mailing Address 4600A Boston Way		FEC Identification Number C [] Transaction ID : B63672B3F27 Amount of Each Disbursement this Period 4635.55
City Lanham	State MD	Zip Code 20706-4858
Purpose of Disbursement Printing		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) B. CP Direct		Date of Disbursement MM / DD / YYYY 10 / 10 / 2016
Mailing Address 4600A Boston Way		FEC Identification Number C [] Transaction ID : BDA1CB0D16 Amount of Each Disbursement this Period 3320.45
City Lanham	State MD	Zip Code 20706-4858
Purpose of Disbursement Printing		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) C. ECG Data Center		Date of Disbursement MM / DD / YYYY 10 / 10 / 2016
Mailing Address 1420 Spring Hill Road Suite 490		FEC Identification Number C [] Transaction ID : B4573CC18C Amount of Each Disbursement this Period 50.00
City McLean	State VA	Zip Code 22102
Purpose of Disbursement Direct Mail - List Maintenance		Category/ Type []
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:	<input type="checkbox"/> Memo Item	

SUBTOTAL of Disbursements This Page (optional).....▶	8006.00
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)
Hispanic Victory PAC

Full Name (Last, First, Middle Initial)

A. ECG Data Center

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22102

Purpose of Disbursement
Direct Mail - List Maintenance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2016

FEC Identification Number

C [Redacted]

Transaction ID : B7F6FCC67C
Amount of Each Disbursement this Period

[Redacted] 50.00

Memo Item

Full Name (Last, First, Middle Initial)

B. ECG Data Center

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22102

Purpose of Disbursement
Direct Mail - Postage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2016

FEC Identification Number

C [Redacted]

Transaction ID : BC4ACD5B87
Amount of Each Disbursement this Period

[Redacted] 232.98

Memo Item

Full Name (Last, First, Middle Initial)

C. ECG Data Center

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22102

Purpose of Disbursement
Direct Mail - List Maintenance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C [Redacted]

Transaction ID : BD51993848
Amount of Each Disbursement this Period

[Redacted] 50.00

Memo Item

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

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

[Redacted] 332.98

[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)
Hispanic Victory PAC

Full Name (Last, First, Middle Initial)

A. ECG Data Center

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22102

Purpose of Disbursement
Direct Mail - Postage

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C
Transaction ID : B36C6749B51
Amount of Each Disbursement this Period
881.43

Memo Item

Full Name (Last, First, Middle Initial)

B. ECG Data Center

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22102

Purpose of Disbursement
Direct Mail - List Maintenance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C
Transaction ID : BED12785DC
Amount of Each Disbursement this Period
17.06

Memo Item

Full Name (Last, First, Middle Initial)

C. ECG Data Center

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22102

Purpose of Disbursement
Direct Mail - List Maintenance

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C
Transaction ID : B85AB17966
Amount of Each Disbursement this Period
50.00

Memo Item

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

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

948.49

**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)
Hispanic Victory PAC

Full Name (Last, First, Middle Initial)
A. ECG Data Center

Date of Disbursement: MM / DD / YYYY
10 / 17 / 2016

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22102

Purpose of Disbursement Direct Mail - List Maintenance

Candidate Name

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

State: District:

FEC Identification Number: C
Transaction ID : B4DA999ED2
Amount of Each Disbursement this Period: 33.79

Memo Item

Full Name (Last, First, Middle Initial)
B. First Virginia Community Bank

Date of Disbursement: MM / DD / YYYY
10 / 19 / 2016

Mailing Address 11325 Random Hills Road

City Fairfax State VA Zip Code 22030-6051

Purpose of Disbursement Bank Charge

Candidate Name

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

State: District:

FEC Identification Number: C
Transaction ID : B445A9E3E0
Amount of Each Disbursement this Period: 226.75

Memo Item

Full Name (Last, First, Middle Initial)
C. MDI Imaging & Mail

Date of Disbursement: MM / DD / YYYY
10 / 17 / 2016

Mailing Address 21955 Cascades Parkway

City Dulles State VA Zip Code 20166-9211

Purpose of Disbursement Direct Mail - Printing

Candidate Name

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

State: District:

FEC Identification Number: C
Transaction ID : B5097A5D67
Amount of Each Disbursement this Period: 3107.01

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3367.55

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)
Hispanic Victory PAC

Full Name (Last, First, Middle Initial)

A. MDI Imaging & Mail

Mailing Address 21955 Cascades Parkway

City Dulles State VA Zip Code 20166-9211

Purpose of Disbursement
Direct Mail - Printing

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C
Transaction ID : B63D4C2A5F
Amount of Each Disbursement this Period
169.65

Memo Item

Full Name (Last, First, Middle Initial)

B. MDI Imaging & Mail

Mailing Address 21955 Cascades Parkway

City Dulles State VA Zip Code 20166-9211

Purpose of Disbursement
Direct Mail - Printing

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C
Transaction ID : B16C85396DI
Amount of Each Disbursement this Period
552.53

Memo Item

Full Name (Last, First, Middle Initial)

C. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement
List Rental Expenses

Candidate Name

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

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2016

FEC Identification Number

C
Transaction ID : BEA874D1A/
Amount of Each Disbursement this Period
3066.25

Memo Item

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

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

3788.43

**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)
Hispanic Victory PAC

Full Name (Last, First, Middle Initial)

A. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement
List Rental Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2016

FEC Identification Number

C
Transaction ID : **BB761152C3**
Amount of Each Disbursement this Period
38.80

Memo Item

Full Name (Last, First, Middle Initial)

B. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement
List Rental Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2016

FEC Identification Number

C
Transaction ID : **BCAC1FA920**
Amount of Each Disbursement this Period
1350.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement
List Rental Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2016

FEC Identification Number

C
Transaction ID : **B269BE5337**
Amount of Each Disbursement this Period
53.66

Memo Item

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

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

1442.46

**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)
Hispanic Victory PAC

Full Name (Last, First, Middle Initial)
A. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement List Rental Expenses

Candidate Name

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

State: District:

Date of Disbursement: 10 / 10 / 2016

FEC Identification Number: C
Transaction ID : B17797F05D
Amount of Each Disbursement this Period: 725.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement List Rental Expenses

Candidate Name

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

State: District:

Date of Disbursement: 10 / 10 / 2016

FEC Identification Number: C
Transaction ID : B44D0D9D00
Amount of Each Disbursement this Period: 1211.97

Memo Item

Full Name (Last, First, Middle Initial)
C. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement List Rental Expenses

Candidate Name

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

State: District:

Date of Disbursement: 10 / 10 / 2016

FEC Identification Number: C
Transaction ID : B1A0C0E0C
Amount of Each Disbursement this Period: 116.25

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2053.22

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)
Hispanic Victory PAC

A. Omega List Company

Full Name (Last, First, Middle Initial)

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement List Rental Expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 10 / 2016

FEC Identification Number: C

Transaction ID : **BC640AB413**

Amount of Each Disbursement this Period: 475.39

Memo Item

B. Omega List Company

Full Name (Last, First, Middle Initial)

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement List Rental Expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 10 / 2016

FEC Identification Number: C

Transaction ID : **B9181EFA64**

Amount of Each Disbursement this Period: 188.18

Memo Item

C. Omega List Company

Full Name (Last, First, Middle Initial)

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement List Rental Expenses

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 10 / 2016

FEC Identification Number: C

Transaction ID : **B25CCF67D**

Amount of Each Disbursement this Period: 416.26

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1079.83

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)
Hispanic Victory PAC

Full Name (Last, First, Middle Initial)

A. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement
List Rental Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2016

FEC Identification Number

C
Transaction ID : BCC0ED05F3
Amount of Each Disbursement this Period
829.70

Memo Item

Full Name (Last, First, Middle Initial)

B. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement
List Rental Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2016

FEC Identification Number

C
Transaction ID : B549CEB7BC
Amount of Each Disbursement this Period
958.82

Memo Item

Full Name (Last, First, Middle Initial)

C. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement
List Rental Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2016

FEC Identification Number

C
Transaction ID : B387934B1A
Amount of Each Disbursement this Period
650.00

Memo Item

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

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

2438.52

**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)
Hispanic Victory PAC

Full Name (Last, First, Middle Initial)

A. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement
List Rental Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 10 / 2016

FEC Identification Number

C

Transaction ID : **BB9E9F79D1**
Amount of Each Disbursement this Period

41.57

Memo Item

Full Name (Last, First, Middle Initial)

B. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement
List Rental Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C

Transaction ID : **B9918227817**
Amount of Each Disbursement this Period

62.84

Memo Item

Full Name (Last, First, Middle Initial)

C. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement
List Rental Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C

Transaction ID : **BA47D1E162**
Amount of Each Disbursement this Period

1925.00

Memo Item

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

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

2029.41

**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)
Hispanic Victory PAC

Full Name (Last, First, Middle Initial)

A. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement
List Rental Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C
Transaction ID : B147D9C5FD
Amount of Each Disbursement this Period
22.62

Memo Item

Full Name (Last, First, Middle Initial)

B. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement
List Rental Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C
Transaction ID : B956E936D4/
Amount of Each Disbursement this Period
14.04

Memo Item

Full Name (Last, First, Middle Initial)

C. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement
List Rental Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C
Transaction ID : BF51B1C011
Amount of Each Disbursement this Period
72.63

Memo Item

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

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

109.29

**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)
Hispanic Victory PAC

Full Name (Last, First, Middle Initial)

A. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement
List Rental Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C
Transaction ID : BE8DE272F2
Amount of Each Disbursement this Period
111.37

Memo Item

Full Name (Last, First, Middle Initial)

B. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement
List Rental Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C
Transaction ID : BD1F450BF1
Amount of Each Disbursement this Period
775.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement
List Rental Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C
Transaction ID : B6E35571E9
Amount of Each Disbursement this Period
775.00

Memo Item

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

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

1661.37

**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)
Hispanic Victory PAC

Full Name (Last, First, Middle Initial)
A. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement List Rental Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 17 / 2016

FEC Identification Number: C

Transaction ID : B65E13549C

Amount of Each Disbursement this Period: 27.55

Memo Item

Full Name (Last, First, Middle Initial)
B. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement List Rental Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 17 / 2016

FEC Identification Number: C

Transaction ID : B1A3221AEA

Amount of Each Disbursement this Period: 73.96

Memo Item

Full Name (Last, First, Middle Initial)
C. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement List Rental Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 10 / 17 / 2016

FEC Identification Number: C

Transaction ID : BC5D9486E3

Amount of Each Disbursement this Period: 48.57

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 150.08

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)
Hispanic Victory PAC

Full Name (Last, First, Middle Initial)

A. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement
List Rental Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C
Transaction ID : BD97056D08I
Amount of Each Disbursement this Period
141.03

Memo Item

Full Name (Last, First, Middle Initial)

B. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement
List Rental Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C
Transaction ID : B47154F666I
Amount of Each Disbursement this Period
117.81

Memo Item

Full Name (Last, First, Middle Initial)

C. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement
List Rental Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C
Transaction ID : BA65F5421C
Amount of Each Disbursement this Period
67.22

Memo Item

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

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

326.06

**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)
Hispanic Victory PAC

Full Name (Last, First, Middle Initial)

A. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement
List Rental Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C
Transaction ID : BAAEC51137
Amount of Each Disbursement this Period
116.41

Memo Item

Full Name (Last, First, Middle Initial)

B. Omega List Company

Mailing Address 1420 Spring Hill Road Suite 490

City McLean State VA Zip Code 22100

Purpose of Disbursement
List Rental Expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY
10 / 17 / 2016

FEC Identification Number

C
Transaction ID : B40D11D21A!
Amount of Each Disbursement this Period
39.69

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)..... ▶

156.10

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

39903.34

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 39 OF 51
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Hispanic Victory PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Funding Direct			Nature of Debt (Purpose): Agency Fee - Direct Mail - Consulting		
Mailing Address 1420 Spring Hill Road Suite 490					
City McLean	State VA	Zip Code 22102-3028			

Outstanding Balance Beginning This Period 5294.56			Transaction ID : D63C083C9246248A18B8		
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 5294.56			

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Funding Direct			Nature of Debt (Purpose): Agency Fee - Direct Mail - Consulting		
Mailing Address 1420 Spring Hill Road Suite 490					
City McLean	State VA	Zip Code 22102-3028			

Outstanding Balance Beginning This Period 892.80			Transaction ID : DD7CEF0E8BC5442BB984		
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 892.80			

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Campaign Funding Direct			Nature of Debt (Purpose): Agency Fee - Direct Mail - Consulting		
Mailing Address 1420 Spring Hill Road Suite 490					
City McLean	State VA	Zip Code 22102-3028			

Outstanding Balance Beginning This Period 1919.55			Transaction ID : DD2BF3B32B6F54353A70		
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 1919.55			

1) SUBTOTALS This Period This Page (optional)..... ▶	8106.91
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 40 OF 51
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Hispanic Victory PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Colortree Group, Inc.			Nature of Debt (Purpose): Direct Mail - Printing
Mailing Address 8000 Villa Park Drive			
City Richmond	State VA	Zip Code 23228-6500	

Outstanding Balance Beginning This Period <input type="text" value="3906.64"/>	Transaction ID : D35578A33D2D84FB7A8E	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3906.64"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Colortree Group, Inc.			Nature of Debt (Purpose): Direct Mail - Printing
Mailing Address 8000 Villa Park Drive			
City Richmond	State VA	Zip Code 23228-6500	

Outstanding Balance Beginning This Period <input type="text" value="2097.58"/>	Transaction ID : D0438B1B51A9348B8B80	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2097.58"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Colortree Group, Inc.			Nature of Debt (Purpose): Direct Mail - Printing
Mailing Address 8000 Villa Park Drive			
City Richmond	State VA	Zip Code 23228-6500	

Outstanding Balance Beginning This Period <input type="text" value="3583.36"/>	Transaction ID : D598CA955D7074CFB9A2	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3583.36"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="9587.58"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 41 OF 51
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Hispanic Victory PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor CP Direct			Nature of Debt (Purpose): Direct Mail - Printing
Mailing Address 4600A Boston Way			
City Lanham	State MD	Zip Code 20706-4858	

Outstanding Balance Beginning This Period <input type="text" value="3320.45"/>	Transaction ID : D0820119BD7564157BBF	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3320.45"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor CP Direct			Nature of Debt (Purpose): Direct Mail - Printing
Mailing Address 4600A Boston Way			
City Lanham	State MD	Zip Code 20706-4858	

Outstanding Balance Beginning This Period <input type="text" value="4635.55"/>	Transaction ID : D1F546B35E5BA4015B15	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="4635.55"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ECG Data Center			Nature of Debt (Purpose): Direct Mail - Postage
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period <input type="text" value="881.43"/>	Transaction ID : D30D7CA55BB064786B4A	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="881.43"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="8837.43"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 42 OF 51
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Hispanic Victory PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ECG Data Center			Nature of Debt (Purpose): Direct Mail - List Maintenance
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period <input type="text" value="1246.48"/>	Transaction ID : DE06F38BF71F047C3BF2	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="1246.48"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ECG Data Center			Nature of Debt (Purpose): Direct Mail - List Maintenance
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period <input type="text" value="232.98"/>	Transaction ID : DCCCC13C62CDB4BF497E	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="232.98"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ECG Data Center			Nature of Debt (Purpose): Direct Mail - List Maintenance
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period <input type="text" value="67.06"/>	Transaction ID : DB8187FA3E77244E6B4F	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="67.06"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="1546.52"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 43 OF 51
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Hispanic Victory PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ECG Data Center			Nature of Debt (Purpose): Direct Mail - List Maintenance
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period 100.00	Transaction ID : DB61603B8DDC04C7D805	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 100.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor ECG Data Center			Nature of Debt (Purpose): Direct Mail - List Maintenance
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period 83.79	Transaction ID : D65233010350140F5BEB	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 83.79

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor ECG Data Center			Nature of Debt (Purpose): Direct Mail - List Maintenance
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period 50.00	Transaction ID : DF1A538E6E57C47B691C	
Amount Incurred This Period 0.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 50.00

1) SUBTOTALS This Period This Page (optional)..... ▶	233.79
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 44 OF 51
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Hispanic Victory PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor ECG Data Center			Nature of Debt (Purpose): Direct Mail - List Maintenance
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22102	

Outstanding Balance Beginning This Period <input type="text" value="200.00"/>	Transaction ID : DA62D42ADA7084BD29BF	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="200.00"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDI Imaging & Mail			Nature of Debt (Purpose): Direct Mail - Printing
Mailing Address 21955 Cascades Parkway			
City Dulles	State VA	Zip Code 20166-9211	

Outstanding Balance Beginning This Period <input type="text" value="3276.66"/>	Transaction ID : D8908A6567A4C475CAAB	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3276.66"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor MDI Imaging & Mail			Nature of Debt (Purpose): Direct Mail - Printing
Mailing Address 21955 Cascades Parkway			
City Dulles	State VA	Zip Code 20166-9211	

Outstanding Balance Beginning This Period <input type="text" value="552.53"/>	Transaction ID : D4A772FF3A2834C389EC	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="552.53"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="4029.19"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 45 OF 51
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/>	9
<input checked="" type="checkbox"/>	10

NAME OF COMMITTEE (In Full)
Hispanic Victory PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Omega List Company			Nature of Debt (Purpose): List Rental Expenses
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22100	

Outstanding Balance Beginning This Period <input type="text" value="5546.38"/>	Transaction ID : D14A9DF4962104612842	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="5546.38"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Omega List Company			Nature of Debt (Purpose): List Rental Expenses
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22100	

Outstanding Balance Beginning This Period <input type="text" value="915.74"/>	Transaction ID : D9D63710CE95B435FB51	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="915.74"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Omega List Company			Nature of Debt (Purpose): List Rental Expenses
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22100	

Outstanding Balance Beginning This Period <input type="text" value="3475.00"/>	Transaction ID : DACEABF92BE42489DA30	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3475.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="9937.12"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 46 OF 51
	FOR LINE NUMBER: (check only one)
	<input type="checkbox"/> 9
	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Hispanic Victory PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Omega List Company			Nature of Debt (Purpose): List Rental Expenses
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22100	

Outstanding Balance Beginning This Period <input type="text" value="958.82"/>	Transaction ID : DCE06478A5D784F4487A	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="958.82"/>

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Omega List Company			Nature of Debt (Purpose): List Rental Expenses
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22100	

Outstanding Balance Beginning This Period <input type="text" value="2669.56"/>	Transaction ID : DD24010A4EFFF4B30A9B	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="2669.56"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Omega List Company			Nature of Debt (Purpose): List Rental Expenses
Mailing Address 1420 Spring Hill Road Suite 490			
City McLean	State VA	Zip Code 22100	

Outstanding Balance Beginning This Period <input type="text" value="3616.65"/>	Transaction ID : D28D17A195BF4435D965	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="0.00"/>	Outstanding Balance at Close of This Period <input type="text" value="3616.65"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="7245.03"/>
2) TOTALS This Period (last page this line number only)..... ▶	<input type="text"/>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	<input type="text"/>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	<input type="text"/>

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 47 OF 51
	FOR LINE NUMBER: (check only one)
<input type="checkbox"/> 9	<input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
Hispanic Victory PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Washington Intelligence Bureau			Nature of Debt (Purpose): Bookkeeping
Mailing Address 4128 Pepsi Place			
City Chantilly	State VA	Zip Code 20151	

Outstanding Balance Beginning This Period		Transaction ID : D64767FA398B24FFABD3	
906.66			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	0.00	906.66	

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		Outstanding Balance at Close of This Period	
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	

1) SUBTOTALS This Period This Page (optional)..... ▶	906.66
2) TOTALS This Period (last page this line number only)..... ▶	50430.23
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only) ▶	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	50430.23

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Hispanic Victory PAC
FEC IDENTIFICATION NUMBER
C C00614453

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

Full Name of Payee: Caracol Broadcasting
Mailing Address: 2269 199th St NW
City: Miami Gardens, State: FL, Zip Code: 33056-2600
Purpose of Expenditure: Radio Advertising
Date of Public Distribution/Dissemination: 10/17/2016
Amount: 5652.50
Transaction ID: E7D4FC9FC3B864EBAB64
Date of Disbursement or Obligation: 10/17/2016
Name of Federal Candidate: Clinton, Hillary, , ,
Office Sought: President
Disbursement For: General

Full Name of Payee: Colortree Group, Inc.
Mailing Address: 8000 Villa Park Drive
City: Richmond, State: VA, Zip Code: 23228-6500
Purpose of Expenditure: Direct Mail - Printing
Date of Public Distribution/Dissemination: 10/03/2016
Amount: 5680.94
Transaction ID: EE4C4E2CAFCFA432EAB
Date of Disbursement or Obligation: 10/05/2016
Name of Federal Candidate: Clinton, Hillary, , ,
Office Sought: President
Disbursement For: General

(a) SUBTOTAL of Itemized Independent Expenditures: 11333.44
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Sanchez, Jesus, , ,

[Electronically Filed]

Date

04 / 18 / 2017

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
Hispanic Victory PAC
FEC IDENTIFICATION NUMBER
C C00614453

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

Full Name of Payee: Salem Radio Network
Mailing Address: 6400 N Belt Line Rd, Suite 210, Irving, TX 75063-6066
Purpose of Expenditure: Radio Advertisements
Date of Public Distribution/Dissemination: 10/14/2016
Amount: 9630.00
Transaction ID: E62FE52B308A0452D80F
Date of Disbursement or Obligation: 10/14/2016
Name of Federal Candidate: Clinton, Hillary, , , Support [], Oppose [x]
Office Sought: President [x], House [], Senate []
District: 00, State:
Disbursement For: Primary [], General [x], Other []

Full Name of Payee: Washington Intelligence Bureau
Mailing Address: 4128 Pepsi Place, Chantilly, VA 20151-1501
Purpose of Expenditure: Bookkeeping
Date of Public Distribution/Dissemination: 10/03/2016
Amount: 906.66
Transaction ID: E4B4FB83623254C25B04
Date of Disbursement or Obligation: 10/05/2016
Name of Federal Candidate: Clinton, Hillary, , , Support [], Oppose [x]
Office Sought: President [x], House [], Senate []
District: 00, State:
Disbursement For: Primary [], General [x], Other []

(a) SUBTOTAL of Itemized Independent Expenditures 10536.66
(a) SUBTOTAL of Unitemized Independent Expenditures
(a) 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.

Sanchez, Jesus, , ,

[Electronically Filed]

Date

04 / 18 / 2017

Signature

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

NAME OF COMMITTEE (In Full) Hispanic Victory PAC	FEC IDENTIFICATION NUMBER ▼ C C00614453
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Check if 24-hour report 48-hour report New report Amends report filed on / /

Full Name of Payee <input type="checkbox"/> Memo Item Washington Media Group	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1250 I Street NW Suite 800	Amount <input type="text"/>
City Washington State DC Zip Code 20005-5911	Transaction ID : EFF230228500D46EC91D
Purpose of Expenditure Online Advertising Category/Type <input type="text"/>	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Name of Federal Candidate: Clinton, Hillary, , , <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 117477.74	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address	Amount <input type="text"/>
City State Zip Code	Date of Disbursement or Obligation <input type="text"/> / <input type="text"/> / <input type="text"/>
Purpose of Expenditure Category/Type <input type="text"/>	
Name of Federal Candidate: <input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/>	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 4600.00
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/> 30636.13

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.

Sanchez, Jesus, , , **[Electronically Filed]** Date / /

Signature