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

Schedule E)	PAGE 1 OF 1 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
LATINO VICTORY FUND	C C00562777
	G GGGGZIII
Check if 24-hour report 48-hour report New report Amends report file	ed on MMM / DDD / YTYTY
Full Name of Payee	Date of Public Distribution/Dissemination
Targeted Platform Media LLC	09 20 2016
Mailing Address 1291 Hollywood Avenue	Amount
City State Zip Code	38786.00
Annapolis MD 21403	Transaction ID : SE.5164 Date of Disbursement or Obligation
Purpose of Expenditure Media - Non-contribution Account Category/ Type	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Offi	ice Sought: House District:
DONALD J TRUMP X Oppose	resident Senate State:
Calendar Year-To-Date Per Election for Office Sought Dis 201	sbursement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
	M M / D D / Y Y Y
Mailing Address	Amount
	Amount
City State Zip Code	
	Date of Disbursement or Obligation
Purpose of Expenditure Category/ Type	M = M / D = D / Y = Y = Y
Name of Federal Candidate Support Off	fice Sought: House District:
Oppose	President Senate State:
Calcificat Total To Bato	sbursement For: Primary General
Per Election for Office Sought	Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	38786.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	38786.00
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Sara Le Brusq [Electronically Filed] Date	09 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	