Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	<u> </u>
Immigrant Voters Win PAC	FEC IDENTIFICATION NUMBER ▼
	C C00612820
Check if 24-hour report	ed on M M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Terra Strategies, LLC	M M / D D / Y Y Y Y
Mailing Address 100 E Grand Ave Suite 380	10 01 2016
100 E Grand Ave Suite 380	Amount
City State Zip Code	120780.17
Des Moines IA 50309	Transaction ID : 24-01-00117-00668
Purpose of Expenditure Converging Services Category/	Date of Disbursement or Obligation
Canvassing Services Type	09 29 2016
Name of Federal Candidate Support Off	ice Sought:
Joe Garcia Oppose	President Senate State: FL
Caloridat Toda To Bato	bursement For: Primary K General
Per Election for Office Sought 120780.17 207	Other (specify)
Full Name of Payee Terra Strategies, LLC	Date of Public Distribution/Dissemination
Terra Strategies, LLC	10 01 2016
Mailing Address 100 E Grand Ave Suite 380	Amount
City State Zip Code	289119.13
Des Moines IA 50309	Transaction ID : 24-01-00117-00666 Date of Disbursement or Obligation
Purpose of Expenditure Canvassing Services Category/ Type	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Fodoval Condidate	
Hillany Clinton	ice Sought: House District: 00
Срроѕе	President Senate State:
Calendar Year-To-Date Per Election for Office Sought 2477836.87 Dis	
	Other (specify) -
(a) SUBTOTAL of Itemized Independent Expenditures	409899.30
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 1 7
(a) TOTAL lades and set Formations	
(c) TOTAL Independent Expenditures	7 7
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	•
Dung Verme	
Ryan Young [Electronically Filed] Date	09 30 2016
Signature	

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC	C C00612820
	O MANAGEMENT
Check if 24-hour report 48-hour report New report Amends report file	d on M = M / D = D / Y = Y = Y
Full Name of Payee America's Voice	Date of Public Distribution/Dissemination
America's voice	M = M / D = D / Y = Y = Y
Mailing Address 1250 I St, NW, Suite 200	Amount
City State Zip Code	53.75
Washington DC 20005	Transaction ID : 24-01-00108-0001 Date of Disbursement or Obligation
Purpose of Expenditure Reimbursed Expenses - See Memos Category/ Type	09 / 29 / 2016
Name of Federal Candidate Support Office	ee Sought: House District: 00
Donald J. Trump Oppose	President Senate State:00
Calendar Year-To-Date Per Election for Office Sought Disk 2477890.62	oursement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Elbert Garcia	09 / 26 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1250 I Street NW Suite 200	Amount
City State Zip Code	53.75
Washington DC 20005	Transaction ID : 24-01-00108-00628 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	09 / 29 / 2016
Name of Federal Candidate Support Office	ce Sought: House District: 00
Donald J. Trump Oppose	President Senate State:00
Calendar Year-To-Date Per Election for Office Sought Disk 201	oursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	53.75
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not me with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
	09 30 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

PAGE 14 OF FOR SE OF FORM 24/48 NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER ▼ Immigrant Voters Win PAC C00612820 24-hour report ¥ 48-hour report X New report Amends report filed on Check if Full Name of Payee Date of Public Distribution/Dissemination Grecia Lima Mailing Address 7621 E Mesquite Overlook Dr Amount State Zip Code City 143.01 Transaction ID: 24-01-00110-0002 ΑZ 85710 Tucson Date of Disbursement or Obligation Purpose of Expenditure Category/ Reimbursed Expenses - See Memos 09 29 2016 Type Name of Federal Candidate 00 Office Sought: × Support House District: Hillary Clinton 00 Oppose President Senate State: Disbursement For: Primary **✗** General Calendar Year-To-Date 2016 2478033.63 Per Election for Office Sought Other (specify) ▶ Full Name of Payee Date of Public Distribution/Dissemination Costco 2016 Mailing Address 999 Lake Dr Amount City State Zip Code 75.52 WA 98027 Transaction ID: 24-01-00110-00631 Issaquah Date of Disbursement or Obligation Purpose of Expenditure Category/ Volunteer Refreshments 2016 09 29 Type Name of Federal Candidate 00 **✗** Support Office Sought: House District: Hillary Clinton 00 Oppose **X** President Senate State: Disbursement For: Primary **X** General Calendar Year-To-Date 2016 0.00 Per Election for Office Sought Other (specify) (a) SUBTOTAL of Itemized Independent Expenditures..... 143.01 (b) SUBTOTAL of Unitemized Independent Expenditures (c) TOTAL Independent Expenditures..... Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent. Ryan Young [Electronically Filed] 09 30 2016 Date Signature

Schedule E)	1111 E/A E. C.	1101120		PAGE 4 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC				C C00612820
Check if 24-hour report 🗴 48-hour report	X New rep	port Amends repo		*M / D = D / Y = Y = Y
Full Name of Payee			Date (of Public Distribution/Dissemination
Costco			M	09 27 2016
Mailing Address 999 Lake Dr			Amour	nt
City	State	Zip Code		67.49
Issaquah	WA	98027		action ID: 24-01-00110-00633 of Disbursement or Obligation
Purpose of Expenditure Volunteer Refreshments		Category/ Type	М	09 29 / 2016
Name of Federal Candidate		✗ Support	Office Sought	: House District: 00
Hillary Clinton		Oppose	* Preside	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement 2016 Ot	t For: Primary X General ther (specify) ▶
Full Name of Payee FLIC Votes, Inc				of Public Distribution/Dissemination
Mailing Address 2800 Biscayne Blvd Ste 800			Amou	nt
City	State	Zip Code		247.87
Miami	FL	33137	Transa Date o	ction ID : 24-01-00111-0001 of Disbursement or Obligation
Purpose of Expenditure Reimbursed Expenses - See Memos		Category/ Type		09 / D D / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District:00
Donald J. Trump		X Oppose	✗ Preside	ent Senate State: 00
Calendar Year-To-Date Per Election for Office Sought		2478281.50	Disbursement 2016 Of	t For: Primary
(a) SUBTOTAL of Itemized Independent Expend	itures			247.87
(b) SUBTOTAL of Unitemized Independent Expe	enditures		. —	
(b) OODTOTAL OF OFFICE MASSPORES EAST	Tiditares		•	4 4
(c) TOTAL Independent Expenditures			· •	7 1 7 1 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any camparty committee) any political party committee or	didate or authorized			
Ryan Young	[Electron	nically Filed] Date	e 09 /	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				

Schedule E)	<u> </u>	AGE 5 OF 14 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDE	NTIFICATION NUMBER ▼
Immigrant Voters Win PAC	C co	0612820
Check if 24-hour report X 48-hour report N New	report Amends report filed on Amends	D = D / Y = Y = Y
Full Name of Payee	Date of Public D	Distribution/Dissemination
Jamilah Sabur	M 09 /	27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1281 NE 208th Terr	Amount	
City State	Zip Code	40.50
Miami FL	33179 Transaction ID	: 24-01-00111-00637 ement or Obligation
Purpose of Expenditure Organizer	Category/ Type 09	29 / 2016
Name of Federal Candidate	Support Office Sought:	House District:00
Donald J. Trump	X Oppose X President	Senate State: 00
Calendar Year-To-Date Per Election for Office Sought	0.00 Disbursement For: 2016 Other (spec	Primary x General
Full Name of Payee	Date of Public D	Distribution/Dissemination
Maria Rodriguez x	M M / 09	27 / 2016
Mailing Address 2800 Biscayne Blvd	Amount	
City State	Zip Code	79.69
Miami FL	33137 Transaction ID :	24-01-00111-00636 ement or Obligation
Purpose of Expenditure Salary	Category/ Type 09	29 / 2016
Name of Federal Candidate	Support Office Sought:	House District:00
Donald J. Trump	Coppose President	Senate State:00
Calendar Year-To-Date Per Election for Office Sought	0.00 Disbursement For: 2016 Other (spec	Primary ✗ General
(a) SUBTOTAL of Itemized Independent Expenditures		0.00
	7	7.00
(b) SUBTOTAL of Unitemized Independent Expenditures		7
(c) TOTAL Independent Expenditures	······································	
Under penalty of perjury I certify that the independent expendit with, or at the request or suggestion of, any candidate or author party committee) any political party committee or its agent.		
	ronically Filed] Date 09 30	2016
Signature		

Schedule E)	PAGE 6 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC	C C00612820
Check if 24-hour report X 48-hour report X N	ew report Amends report filed on Amends report
Full Name of Payee	Date of Public Distribution/Dissemination
Zulema Rodriguez	09 / DDD / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1550 E Campbell Ave #4005	Amount
City State	Zip Code 108.18
Phoenix AZ	85014 Transaction ID : 24-01-00111-00639 Date of Disbursement or Obligation
Purpose of Expenditure Campaign Manager	Category/ Type 09 / 29 / 2016
Name of Federal Candidate	Support Office Sought: House District: 00
Donald J. Trump	X Oppose X President Senate State: 00
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 2016 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Juan Carabantes	M M / D D / Y Y Y Y Y Y
X Mailing Address 1401 SW 6th Ct	09 27 2016
1401 SW OHI CL	Amount
City State	Zip Code 19.50
Florida City FL Purpose of Expenditure	33034 Transaction ID : 24-01-00111-00641 Date of Disbursement or Obligation
Bird Dogger	Category/ Type 09 29 / 2016
Name of Federal Candidate	Support Office Sought: House District: 00
Donald J. Trump	Oppose President Senate State: 00
Calendar Year-To-Date Per Election for Office Sought	0.00 Disbursement For: Primary ★ General 2016 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	• • • • • • • • • • • • • • • • • • •
(c) TOTAL Independent Expenditures	· · · · · · · · · · · · · · · · · · ·
	ditures reported herein were not made in cooperation, consultation, or concert horized committee or agent of either, or (if the reporting entity is not a political
Ryan Young	Clectronically Filed] Date 09 30 2016
Signature	

Schedule E)	PAGE 7 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC	C C00612820
Check if 24-hour report	M / D D / Y D Y D Y
The Pivot Group, Inc	Public Distribution/Dissemination
Mailing Address 1720 I St NW, Suite 550 Amount	09 30 2016 t
City State Zip Code Washington DC 20006 Transac	45320.00 ction ID : 24-01-00115-00656
Purpose of Expenditure Category/	Disbursement or Obligation 9 29 2016
Name of Federal Candidate X Support Office Sought:	House District: 00
Hillary Clinton Oppose X Presiden Calendar Year-To-Date Disbursement	
	ner (specify) ▶
The Pivot Group, Inc	09 30 2016
Mailing Address 1720 I St NW, Suite 550 Amount	t
	3850.00 tion ID : 24-01-00115-00657 f Disbursement or Obligation
Purpose of Expenditure Category/	99 / 29 / 2016
Name of Federal Candidate Donald J. Trump Oppose Support Oppose Presider	
Calendar Year-To-Date Per Election for Office Sought 2527451.50 Disbursement 2016	
(a) SUBTOTAL of Itemized Independent Expenditures	49170.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	7
Under penalty of perjury I certify that the independent expenditures reported herein were not made in co with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the party committee) any political party committee or its agent.	
Ryan Young [Electronically Filed] Date 09	30 / 2016

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC	
	C C00612820
Check if 24-hour report 48-hour report New report Amends report file	ed on Mam / Dab / Yayayay
Full Name of Payee	Date of Public Distribution/Dissemination
The Pivot Group, Inc	10 03 2016
Mailing Address 1720 I St NW, Suite 550	Amount
City State Zip Code	12720.00
Washington DC 20006	Transaction ID: 24-01-00115-00658 Date of Disbursement or Obligation
Purpose of Expenditure Printing Category/ Type	09 / 29 / 2016
Name of Federal Candidate Support Offi	ice Sought: House District: 00
Hillary Clinton Oppose	President Senate State: 00
Calendar Year-To-Date Per Election for Office Sought Dis 2540171.50	bursement For: Primary General Other (specify)
Full Name of Payee	Date of Public Distribution/Dissemination
Terra Strategies, LLC	M = M / D = D / Y = Y = Y
Mailing Address 100 E Grand Ave Suite 380	10 01 2016
100 E Grand Ave Suite 300	Amount
City State Zip Code	289119.13
Des Moines IA 50309	Transaction ID: 24-01-00117-00667
Purpose of Expenditure Category/ Category/	Date of Disbursement or Obligation
Canvassing Services Type	09 29 2016
Name of Federal Candidate Support Off	ice Sought: House District: 00
Patrick Murphy Oppose	President Senate State: FL
	sbursement For: Primary X General
Per Election for Office Sought 289119.13	Other (specify) Other
(a) SUBTOTAL of Itemized Independent Expenditures	301839.13
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eith party committee) any political party committee or its agent.	
Ryan Young [Electronically Filed] Date	09 30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	TI EXI EILD			PAGE 9 OF 14 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER		
Immigrant Voters Win PAC				C C00612820	Ì	
Check if 24-hour report 48-hour report	✗ New repo	ort Amends repo		- M / D - D / Y - Y - Y -	Y	
Full Name of Payee America's Voice				of Public Distribution/Dissemination		
Mailing Address 1250 I St, NW, Suite 200				M / D D / Y Y Y	Y	
1250 St, NVV, Suite 200			Amou	nt		
City	State	Zip Code	— IT:	53.75		
Washington	DC	20005		action ID: 24-01-00108-0014 of Disbursement or Obligation		
Purpose of Expenditure Reimbursed Expenses - See Memos		Category/ Type	TV	09 / 29 / 2016	Y	
Name of Federal Candidate		Support	Office Sough	t: House District: 00		
Marco Rubio		X Oppose	Preside	ent Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought	7	289172.88	Disbursemen 2016 O	t For: Primary X Gene ther (specify) ▶	ral	
Full Name of Payee			Date	of Public Distribution/Dissemination	1	
Elbert Garcia				09 26 2016	Y	
Mailing Address 1250 I Street NW Suite 200			Amou	نندا لنا لت	_	
			Alliou		_	
City State Zip Code Washington DC 20005			Transa	53.75 action ID : 24-01-00108-00629	Ш	
			Date	Date of Disbursement or Obligation		
Purpose of Expenditure Salary		Category/ Type		09 / 29 / 2016	Y	
Name of Federal Candidate		Support	Office Sough	it: House District: 00)	
Marco Rubio		x Oppose	Preside	ent 🗶 Senate State: FL		
Calendar Year-To-Date Per Election for Office Sought	7	0.00	Disbursemer 2016	nt For:	ral	
					_	
(a) SUBTOTAL of Itemized Independent Expenditure	9S		▶	53.75		
(b) SUBTOTAL of Unitemized Independent Expendi	tures		·· •			
(c) TOTAL Independent Expenditures			··· •	7 1 7 1 7 1		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its	ate or authorized					
Ryan Young	[Electron	ically Filed] Date	e 09	30 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Signature						

Schedule E)	FENDENT EXPENDI	TONES		PAGE 10 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC				C C00612820
Check if 24-hour report X 48-hou	r report New report	ort Amends repo		T = M / D = D / Y = Y = Y = Y
Full Name of Payee FLIC Votes, Inc			Date	of Public Distribution/Dissemination
Mailing Address 2800 Biscayne Blvd S	ite 800		Amou	int
			711100	
City		Zip Code		106.25
Miami	FL	33137		saction ID: 24-01-00109-0014 of Disbursement or Obligation
Purpose of Expenditure Reimbursed Expenses - See Memos		Category/ Type		09 / 29 / 2016
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Marco Rubio		X Oppose	Preside	ent Senate State: FL
Calendar Year-To-Date Per Election for Office Sought		289279.13	Disbursemen 2016	nt For: Primary X General
Full Name of Payee				of Public Distribution/Dissemination
Maria Rodriguez _x				09 26 2016
Mailing Address 2800 Biscayne Blvo	i		Amou	unt
City	State	Zip Code		106.25
Miami	FL	33137		action ID: 24-01-00109-00630 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type		09 29 2016
Name of Federal Candidate		Support	Office Sough	nt: House District: 00
Marco Rubio		X Oppose	Presid	
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursemer 2016	nt For:
(a) SUBTOTAL of Itemized Independer	nt Expenditures			106.25
,	·			7 7
(b) SUBTOTAL of Unitemized Independent	dent Expenditures		• •	7 7 7
(c) TOTAL Independent Expenditures			·· •	4 1 4 1 4
Under penalty of perjury I certify that t with, or at the request or suggestion of party committee) any political party com	, any candidate or authorized			
Ryan Young	[Electron	ically Filed] Date	e 09	30 / 2016
Signature				

Schedule E)	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC	C C00612820
	<u> </u>
Check if 24-hour report 48-hour report New report Amends report file	led on M / D D / Y Y Y Y
Full Name of Payee FLIC Votes, Inc	Date of Public Distribution/Dissemination
<u> </u>	M M / D D / Y Y Y Y
Mailing Address 2800 Biscayne Blvd Ste 800	Amount
City State Zip Code	247.86
Miami FL 33137	Transaction ID: 24-01-00111-0014 Date of Disbursement or Obligation
Purpose of Expenditure Reimbursed Expenses - See Memos Category/ Type	09 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Of	fice Sought: House District: 00
Marco Rubio Oppose	President Senate State: FL
Calendar Year-To-Date Per Election for Office Sought Diagram 289526.99	sbursement For: Primary X General 16 Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Jamilah Sabur x	09 27 2016
Mailing Address 1281 NE 208th Terr	Amount
City State Zip Code	40.50
Miami FL 33179	Transaction ID: 24-01-00111-00638 Date of Disbursement or Obligation
Purpose of Expenditure Organizer Category/ Type	09 / 29 / 2016
Name of Federal Candidate Support Of	ffice Sought: House District:00
Marco Rubio Oppose	President Senate State: FL
	sbursement For: Primary General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	247.86
(b) SUBTOTAL of Unitemized Independent Expenditures	7 7 7
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not with, or at the request or suggestion of, any candidate or authorized committee or agent of eit party committee) any political party committee or its agent.	
Ryan Young [Electronically Filed] Date	M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	PAGE 12 OF 14 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Immigrant Voters Win PAC	C C00612820
Check if 24-hour report 48-hour report New report Amer	nds report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Maria Rodriguez	09 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2800 Biscayne Blvd	Amount
City State Zip Code	79.69
Miami FL 33137	Transaction ID : 24-01-00111-00635 Date of Disbursement or Obligation
Purpose of Expenditure Salary Category/ Type	09 / 29 / 2016
Name of Federal Candidate Su	pport Office Sought: House District: 00
Marco Rubio Op	pose President X Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: Primary ☐ General Other (specify) ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
Full Name of Payee	Date of Public Distribution/Dissemination
Juan Carabantes x	09 27 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1401 SW 6th Ct	Amount
City State Zip Code	19.50
Florida City FL 33034	Transaction ID: 24-01-00111-00642 Date of Disbursement or Obligation
Purpose of Expenditure Bird Dogger Category/ Type	09 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Su	pport Office Sought: House District: 00
Marco Rubio P	pose President X Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 0.00	Disbursement For: Primary Z016 Other (specify) General
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
(b) SUBTOTAL of Unitemized Independent Expenditures	······································
(c) TOTAL Independent Expenditures	······································
Under penalty of perjury I certify that the independent expenditures reported herei with, or at the request or suggestion of, any candidate or authorized committee or party committee) any political party committee or its agent.	
Ryan Young [Electronically Filed]	Date 09 30 2016
Signature	

Scl	hedule E)	TOTLES		PAGE 13 OF 14 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
lm	nmigrant Voters Win PAC			C C00612820
Che	eck if 24-hour report X 48-hour report X New report	port Amends repo		И = М / D = D / Y = Y = Y
Т	Full Name of Payee		Date	of Public Distribution/Dissemination
	Zulema Rodriguez x			09 27 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Mailing Address 1550 E Campbell Ave #4005		Amou	unt
ŀ	City State	Zip Code	$ \Gamma$	108.17
	Phoenix AZ	85014		saction ID : 24-01-00111-00640 of Disbursement or Obligation
	Purpose of Expenditure Campaign Manager	Category/ Type		09 / 29 / 2016
1	Name of Federal Candidate	Support	Office Sough	ht: House District:00
	Marco Rubio	X Oppose	Presid	
	Calendar Year-To-Date Per Election for Office Sought	0.00	Disbursemer 2016	nt For:
	Full Name of Payee Grecia Lima Mailing Address 7621 E Mesquite Overlook Dr			of Public Distribution/Dissemination
-	City State	Zip Code		142.99
Ĭ	Tucson AZ	85710		action ID: 24-01-00110-0003 of Disbursement or Obligation
	Purpose of Expenditure Reimbursed Expenses - See Memos	Category/ Type		09 / 29 / 2016
	Name of Federal Candidate	✗ Support	Office Sough	ht: House District:00
	Catherine Cortez Masto	Oppose	Presid	dent Senate State: NV
	Calendar Year-To-Date Per Election for Office Sought	433430.65	Disbursemer 2016	nt For:
(6	a) SUBTOTAL of Itemized Independent Expenditures		· •	142.99
(I	b) SUBTOTAL of Unitemized Independent Expenditures		· •	7 1 7 1 7
(0	c) TOTAL Independent Expenditures		·· •	7
W	Under penalty of perjury I certify that the independent expenditures with, or at the request or suggestion of, any candidate or authorized party committee) any political party committee or its agent.			
		nically Filed] Date	e 09	30 / Y = Y = Y = Y = Y
	Signature			

	include Ly	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full) FEC IDENTIFICATION NUMBER		
ır	mmigrant Voters Win PAC	C C00612820
Ch	eck if 24-hour report 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Costco x	09 27 2016
	Mailing Address 999 Lake Dr	Amount
	City State Zip Code	67.48
	Issaquah WA 98027	Transaction ID: 24-01-00110-00634 Date of Disbursement or Obligation
	Purpose of Expenditure Volunteer Refreshments Category/ Type	09 / 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Catherine Cortez Masto Oppose	President Senate State: NV
	Calcinda Ical lo Bate	ursement For: Primary X General
	Per Election for Office Sought 0.00 2016	Other (specify) ▶
	Full Name of Payee Costco	Date of Public Distribution/Dissemination
	X	09 27 2016
	Mailing Address 999 Lake Dr	Amount
	City State Zip Code	75.51
	Issaquah WA 98027	Transaction ID: 24-01-00110-00632 Date of Disbursement or Obligation
	Purpose of Expenditure Volunteer Refreshments Category/ Type	09 / 29 / 2016
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Catherine Cortez Masto Oppose	President State: NV Senate
	Calendar Year-To-Date Per Election for Office Sought Disbu	ursement For: Primary General Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures		
(b) SUBTOTAL of Unitemized Independent Expenditures		
	(c) TOTAL Independent Expenditures	761903.91
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.		
	[E1 - 4 · · · · · · · · · · · · · · · ·	M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature Date O	9 30 2016

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