

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
LATINO VICTORY FUND

ADDRESS (number and street) 700 14TH STREET NW, 2ND FLOOR
Check if different than previously reported. (ACC) WASHINGTON DC 20005

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE
C C00562777 3. IS THIS REPORT NEW OR AMENDED (N) (A)

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report
(b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31
(c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 05 / 01 / 2018 through 05 / 31 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Le Brusq, Sara, ,
Type or Print Name of Treasurer

Signature of Treasurer Le Brusq, Sara, , [Electronically Filed] Date 06 / 15 / 2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**LATINO VICTORY FUND**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2018"/>		118362.65
(b) Cash on Hand at Beginning of Reporting Period.....	401591.03	
(c) Total Receipts (from Line 19) .....	604035.65	1320679.99
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1005626.68	1439042.64
7. Total Disbursements (from Line 31).....	880175.11	1313591.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	125451.57	125451.57
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

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

**LATINO VICTORY FUND**

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	19700.00	125170.00
(ii) Unitemized .....	654.00	8600.94
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	20354.00	133770.94
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	20354.00	138770.94
12. Transfers From Affiliated/Other Party Committees.....	125.00	125.00
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).....	6.65	7.05
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	5000.00	5000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	578550.00	1176777.00
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)).....▶	604035.65	1320679.99
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	604035.65	1320679.99

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	30376.57	74787.05
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	30376.57	74787.05
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	52822.11
24. Independent Expenditures (use Schedule E) .....	534000.00	617946.39
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	0.00
(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	0.00
29. Other Disbursements (Including Non-Federal Donations).....	310798.54	568035.52
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)) ..	880175.11	1313591.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	880175.11	1313591.07

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	20354.00	138770.94
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	20354.00	138770.94
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	30376.57	74787.05
37. Offsets to Operating Expenditures (from Line 15, page 3).....	6.65	7.05
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	30369.92	74780.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 24
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15
	<input type="checkbox"/> 12	<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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

NAME OF COMMITTEE (In Full)  
**LATINO VICTORY FUND**

**A. Castan, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 51 Lenox Pointe NE  
 City Atlanta State GA Zip Code 30324  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Castan and Lecca Occupation (for Individual) Attorney  
 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  
 05 / 07 / 2018  
**Transaction ID : SA11AI.6086**  
 Amount of Each Receipt this Period  
 5000.00  
 Memo Item

**B. Christensen, Lisa, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 304 Riviera Circle  
 City Larkspur State CA Zip Code 94939  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Self-employed Occupation (for Individual) Strategist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 16 / 2018  
**Transaction ID : SA11AI.6097**  
 Amount of Each Receipt this Period  
 2500.00  
 Memo Item

**C. Davis, Earnest, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 3746 Lamb Drive  
 City Marietta State GA Zip Code 30064  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) e3 Brand Group Occupation (for Individual) Marketing  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 05 / 31 / 2018  
**Transaction ID : SA11AI.6107**  
 Amount of Each Receipt this Period  
 400.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7900.00
<b>TOTAL</b> 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: PAGE 7 OF 24  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY FUND**

**A. Garcia-Sjogrim, Humberto, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1750 Doncaster Drive NE  
 City Atlanta State GA Zip Code 30309  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) The Coca-cola Company Occupation (for Individual) Group Director, Business Integration  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 25 / 2018  
**Transaction ID : SA11AI.6104**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item

**B. Peck, Katherine, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 1615 Varnum Street NW  
 City Washington State DC Zip Code 20011  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) Civic Participation Action Fun Occupation (for Individual) Philanthropy  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 800.00

Date of Receipt 05 / 22 / 2018  
**Transaction ID : SA11AI.6100**  
 Amount of Each Receipt this Period 800.00  
 Memo Item

**C. Ramirez, Oscar, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 306 3rd Street SE  
 City Washington State DC Zip Code 20003  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) InSight Public Affairs Occupation (for Individual) Government Relations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 05 / 09 / 2018  
**Transaction ID : SA11AI.6087**  
 Amount of Each Receipt this Period 1000.00  
 Memo Item

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 6800.00  
**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:	PAGE 8 OF 24
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)  
**LATINO VICTORY FUND**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Wilbourn, Mack, , ,**

Mailing Address 1709 Friar Tuck Road NE

City Atlanta	State GA	Zip Code 30309
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-employed	Occupation (for Individual) AGM
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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
05	/	10	/	2018

**Transaction ID : SA11AI.6089**

Amount of Each Receipt this Period  
5000.00

Memo Item

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

Mailing Address

City	State	Zip Code
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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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
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FEC ID number of contributing federal political committee. **C**

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

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5000.00
<b>TOTAL</b> This Period (last page this line number only).....	19700.00



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

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

FOR LINE NUMBER: PAGE 9 OF 24  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY FUND**

**A. ACTBLUE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address P.O. BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		31		2018

**Transaction ID : SA11C.6084**

Amount of Each Receipt this Period  

529.00
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Memo Item  
Total Received Through Conduit This Reporting Period

**B.**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address

City	State	Zip Code
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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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period  

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Memo Item

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

City	State	Zip Code
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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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period  

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Memo Item

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 24
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY FUND**

**A. CAPA21- FEDERAL**

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

Mailing Address 5429 MADISON AVENUE

City SACRAMENTO	State CA	Zip Code 95841
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FEC ID number of contributing federal political committee. **C** C00564690

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
125.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	02	/	2018

**Transaction ID : SA12.6149**

Amount of Each Receipt this Period  
125.00

Memo Item  
Advance for Joint Fundraising Activity Expenses

**B.**

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

Mailing Address

City	State	Zip Code
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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 M	/	D D D	/	Y Y Y Y Y Y
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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
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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 M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125.00
<b>TOTAL</b> This Period (last page this line number only).....▶	125.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 11 OF 24
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY FUND**

**A. CHC BOLD PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 75357

City WASHINGTON	State DC	Zip Code 20013
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FEC ID number of contributing federal political committee. **C** C00365536

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
254000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		08		2018

**Transaction ID : SA17.6136**

Amount of Each Receipt this Period  
234000.00

Memo Item  
Non-contribution Account

**B. CHC BOLD PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 75357

City WASHINGTON	State DC	Zip Code 20013
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FEC ID number of contributing federal political committee. **C** C00365536

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
283300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2018

**Transaction ID : SA17.6153**

Amount of Each Receipt this Period  
29300.00

Memo Item  
In-kind - Research Services

**C. CHC BOLD PAC**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address PO BOX 75357

City WASHINGTON	State DC	Zip Code 20013
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FEC ID number of contributing federal political committee. **C** C00365536

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

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
383300.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2018

**Transaction ID : SA17.6137**

Amount of Each Receipt this Period  
100000.00

Memo Item  
Non-contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	363300.00
<b>TOTAL</b> 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 24
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY FUND**

**A. NEXTGEN CLIMATE ACTION COMMITTEE**

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

Mailing Address 700 13TH STREET, NW  
SUITE 600

City WASHINGTON State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00547349

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
147917.00

Date of Receipt  
05 / 21 / 2018  
**Transaction ID : SA17.6155**

Amount of Each Receipt this Period  
30250.00

Memo Item  
Non-contribution Account

**B. Somos Holdings LLC**

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

Mailing Address 5030 Broadway Suite 821

City New york State NY Zip Code 10034

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 ▼  
10000.00

Date of Receipt  
05 / 21 / 2018  
**Transaction ID : SA17.6132**

Amount of Each Receipt this Period  
10000.00

Memo Item  
Non-contribution Account

**C. UFCW Local 99 PAC**

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

Mailing Address 2401 N. Central Avenue Fl. 2

City Phoenix State AZ Zip Code 85004

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 ▼  
50000.00

Date of Receipt  
05 / 11 / 2018  
**Transaction ID : SA17.6131**

Amount of Each Receipt this Period  
50000.00

Memo Item  
Non-contribution Account

<b>SUBTOTAL</b> of Receipts This Page (optional).....	90250.00
<b>TOTAL</b> 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 24
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY FUND**

**A. WOMEN VOTE!**

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

Mailing Address 1800 M STREET, NW  
STE 375N

City WASHINGTON State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00473918

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

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
125000.00

Date of Receipt  
MM / DD / YYYY  
05 / 22 / 2018

**Transaction ID : SA17.6129**

Amount of Each Receipt this Period  
125000.00

Memo Item  
Non-contribution Account

**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  
MM / DD / YYYY

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  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	125000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	578550.00

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

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

FOR LINE NUMBER: PAGE 14 OF 24  
(check only one)

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

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY FUND**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**JOSE JAVIER RODRIGUEZ FOR CONGRESS**

Mailing Address **PO BOX 350162**

City <b>MIAMI</b>	State <b>FL</b>	Zip Code <b>33135</b>
----------------------	--------------------	--------------------------

FEC ID number of contributing federal political committee. **C C00650515**

Name of Employer (for Individual) \_\_\_\_\_ Occupation (for Individual) \_\_\_\_\_

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
**5000.00**

Date of Receipt  
**05 / 16 / 2018**

**Transaction ID : SA16.6152**

Amount of Each Receipt this Period  
**5000.00**

Memo Item  
Contribution Refund Received

**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

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<b>5000.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>5000.00</b>

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY FUND**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 05 / 06 / 2018	
Mailing Address 366 Summer Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6110</b> Amount of Each Disbursement this Period [ ] 5.26	
City Somerville	State MA	Zip Code 02144	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees		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) ▼		Memo Item <input type="checkbox"/>
State: District:			
Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2018	
Mailing Address 366 Summer Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6111</b> Amount of Each Disbursement this Period [ ] 1.43	
City Somerville	State MA	Zip Code 02144	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees		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) ▼		Memo Item <input type="checkbox"/>
State: District:			
Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 05 / 13 / 2018	
Mailing Address 366 Summer Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6115</b> Amount of Each Disbursement this Period [ ] 1.19	
City Somerville	State MA	Zip Code 02144	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees; Joint Fundraising Activity		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) ▼		Memo Item <input type="checkbox"/>
State: District:			
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[ ] 7.88	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		[ ]	

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY FUND**

Full Name (Last, First, Middle Initial) <b>A. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 05 / 20 / 2018	
Mailing Address 366 Summer Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6112</b> Amount of Each Disbursement this Period [ ] 13.70	
City Somerville	State MA	Zip Code 02144	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees		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) ▼		Memo Item <input type="checkbox"/>
State: District:			
Full Name (Last, First, Middle Initial) <b>B. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 05 / 27 / 2018	
Mailing Address 366 Summer Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6113</b> Amount of Each Disbursement this Period [ ] 0.52	
City Somerville	State MA	Zip Code 02144	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees		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) ▼		Memo Item <input type="checkbox"/>
State: District:			
Full Name (Last, First, Middle Initial) <b>C. ActBlue Technical Services</b>		Date of Disbursement MM / DD / YYYY 05 / 31 / 2018	
Mailing Address 366 Summer Street		FEC Identification Number C [ ] <b>Transaction ID : SB21B.6114</b> Amount of Each Disbursement this Period [ ] 0.12	
City Somerville	State MA	Zip Code 02144	Category/ Type [ ]
Purpose of Disbursement Credit Card Processing Fees		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) ▼		Memo Item <input type="checkbox"/>
State: District:			
<b>SUBTOTAL</b> of Disbursements This Page (optional)..... ▶		[ ] 14.34	
<b>TOTAL</b> This Period (last page this line number only)..... ▶		[ ]	



**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY FUND**

Full Name (Last, First, Middle Initial) <b>A. CHC BOLD PAC</b>		Date of Disbursement MM / DD / YYYY 05 / 09 / 2018	
Mailing Address PO BOX 75357		FEC Identification Number C 000365536 <b>Transaction ID : SB21B.6154</b>	
City WASHINGTON	State DC	Zip Code 20013	Amount of Each Disbursement this Period 29300.00
Purpose of Disbursement In-kind - Research Services		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Sage Payment Solutions</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2018	
Mailing Address 12120 Sunset Hills Road		FEC Identification Number C <b>Transaction ID : SB21B.6109</b>	
City Reston	State VA	Zip Code 20190	Amount of Each Disbursement this Period 1019.35
Purpose of Disbursement Credit Card Processing Fees		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY	
Mailing Address		FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: District:			

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

30319.35

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

30341.57

# SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY FUND**

Full Name (Last, First, Middle Initial)  
**A. DEBBIE FOR CONGRESS**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	5		1	4		2	0	1	8		

Mailing Address PO BOX 566442

FEC Identification Number

**C** C00652065

**Transaction ID : SB23.6116**

Amount of Each Disbursement this Period

5000.00

Memo Item

City MIAMI State FL Zip Code 33256

Purpose of Disbursement  
Contribution

Category/Type

Candidate Name  
**MUCARSEL-POWELL, DEBBIE, , ,**

Office Sought:  House  Senate  President  
 Disbursement For: 2018  Primary  General  Other (specify) ▼  
 State: FL District: 26

Full Name (Last, First, Middle Initial)  
**B.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

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

Full Name (Last, First, Middle Initial)  
**C.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

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

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

5000.00

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

5000.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY FUND**

Full Name (Last, First, Middle Initial)  
**A. Committee to Move Phoenix Forward**

Mailing Address 61 E. Columbus

City Phoenix State AZ Zip Code 85012

Purpose of Disbursement Contribution, Non-contribution Account

Candidate Name

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

State: District:

Date of Disbursement: 05 / 09 / 2018

FEC Identification Number: C  
Transaction ID : SB29.6139  
Amount of Each Disbursement this Period: 10000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**B. High Rise Group Inc.**

Mailing Address 2714 Quarry Road NW #301

City Washington State DC Zip Code 20009

Purpose of Disbursement Fundraising Consulting, Non-contribution Account

Candidate Name

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

State: District:

Date of Disbursement: 05 / 02 / 2018

FEC Identification Number: C  
Transaction ID : SB29.6121  
Amount of Each Disbursement this Period: 6000.00

Memo Item

Full Name (Last, First, Middle Initial)  
**C. January for Attorney General**

Mailing Address P.O. Box 7182

City Phoenix State AZ Zip Code 85011

Purpose of Disbursement Contribution

Candidate Name

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

State: District:

Date of Disbursement: 05 / 14 / 2018

FEC Identification Number: C  
Transaction ID : SB29.6119  
Amount of Each Disbursement this Period: 5100.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 111100.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY FUND**

Full Name (Last, First, Middle Initial) <b>A. Latino Victory Project</b>		Date of Disbursement MM / DD / YYYY 05 / 04 / 2018
Mailing Address 700 14th Street NW Suite 200		FEC Identification Number C [ ] <b>Transaction ID : SB29.6141</b> Amount of Each Disbursement this Period [ ] 10358.69
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Travel for Training Seminars, Non-contribution Account		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>B. Latino Victory Project</b>		Date of Disbursement MM / DD / YYYY 05 / 11 / 2018
Mailing Address 700 14th Street NW Suite 200		FEC Identification Number C [ ] <b>Transaction ID : SB29.6143</b> Amount of Each Disbursement this Period [ ] 15000.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Travel Expenses, Non-contribution Account		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>C. Latino Victory Project</b>		Date of Disbursement MM / DD / YYYY 05 / 14 / 2018
Mailing Address 700 14th Street NW Suite 200		FEC Identification Number C [ ] <b>Transaction ID : SB29.6144</b> Amount of Each Disbursement this Period [ ] 10000.00
City Washington	State DC	Zip Code 20005
Purpose of Disbursement Tickets for Committee Event, Non-contribution Account		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	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 35358.69
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ]

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY FUND**

Full Name (Last, First, Middle Initial) <b>A. Latino Victory Project</b>		Date of Disbursement MM / DD / YYYY 05 / 21 / 2018
Mailing Address 700 14th Street NW Suite 200		FEC Identification Number C <b>Transaction ID : SB29.6145</b> Amount of Each Disbursement this Period 2000.00
City Washington	State DC	
Zip Code 20005		Memo Item <input type="checkbox"/>
Purpose of Disbursement Website Development, Non-contribution Account		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Mark-Viverito, Melissa, , ,</b>		Date of Disbursement MM / DD / YYYY 05 / 03 / 2018
Mailing Address 211 East 111th Street Apt. 2		FEC Identification Number C <b>Transaction ID : SB29.6123</b> Amount of Each Disbursement this Period 8333.34
City New York	State NY	
Zip Code 10029		Memo Item <input type="checkbox"/>
Purpose of Disbursement State Chapter Development, Non-contribution Account		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Sage Payment Solutions</b>		Date of Disbursement MM / DD / YYYY 05 / 02 / 2018
Mailing Address 12120 Sunset Hills Road		FEC Identification Number C <b>Transaction ID : SB29.6122</b> Amount of Each Disbursement this Period 66.80
City Reston	State VA	
Zip Code 20190		Memo Item <input type="checkbox"/>
Purpose of Disbursement Credit Card Processing Fees, Non-contribution Account		
Candidate Name		Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

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

10400.14

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

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 26	<input type="checkbox"/> 27
<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**LATINO VICTORY FUND**

Full Name (Last, First, Middle Initial)

**A. The Raben Group**

Mailing Address 1341 G Street NW Suite 500

City  
Washington

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Training Seminar, Non-contribution Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M /  D D /  Y Y Y Y Y Y  
05 / 09 / 2018

FEC Identification Number

C

Transaction ID : SB29.6138

Amount of Each Disbursement this Period

3914.71

Memo Item

Full Name (Last, First, Middle Initial)

**B. UNITED FOR PROGRESS PAC**

Mailing Address 700 13TH STREET NW SUITE 600

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
Earmark by Conduit Wire: Soros, George, Non-contribution Account

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M /  D D /  Y Y Y Y Y Y  
05 / 07 / 2018

FEC Identification Number

C C00627141

Transaction ID : SB29.6124

Amount of Each Disbursement this Period

150000.00

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

Category/  
Type

Date of Disbursement

M M /  D D /  Y Y Y Y Y Y

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

153914.71

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

310773.54

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
LATINO VICTORY FUND
FEC IDENTIFICATION NUMBER
C C00562777

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

Full Name of Payee: 4C Partners LLC
Mailing Address: 718 7th Street NW
City: Washington State: DC Zip Code: 20001
Purpose of Expenditure: Media Production and Buy
Category/Type:
Name of Federal Candidate: SEDILLO LOPEZ, ANTOINETTE, , ,
Support: [X] Oppose: [ ]
Office Sought: House [X] Senate [ ] President [ ]
District: 01 State: NM
Calendar Year-To-Date Per Election for Office Sought: 334000.00
Disbursement For: Primary [X] General [ ] Other (specify) [ ]
Date of Public Distribution/Dissemination: 05/11/2018
Amount: 334000.00
Transaction ID: SE.5725
Date of Disbursement or Obligation: 05/09/2018

Full Name of Payee: 4C Partners LLC
Mailing Address: 718 7th Street NW
City: Washington State: DC Zip Code: 20001
Purpose of Expenditure: Media
Category/Type:
Name of Federal Candidate: SEDILLO LOPEZ, ANTOINETTE, , ,
Support: [X] Oppose: [ ]
Office Sought: House [X] Senate [ ] President [ ]
District: 01 State: NM
Calendar Year-To-Date Per Election for Office Sought: 434000.00
Disbursement For: Primary [X] General [ ] Other (specify) [ ]
Date of Public Distribution/Dissemination: 05/18/2018
Amount: 100000.00
Transaction ID: SE.5734
Date of Disbursement or Obligation: 05/17/2018

(a) SUBTOTAL of Itemized Independent Expenditures ..... 434000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....
(c) TOTAL Independent Expenditures .....

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Le Brusq, Sara, , ,

[Electronically Filed]

Date 06/15/2018

Signature

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full)
LATINO VICTORY FUND
FEC IDENTIFICATION NUMBER
C C00562777

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

Full Name of Payee
4C Partners LLC
Mailing Address
718 7th Street NW
City
Washington State
DC Zip Code
20001
Purpose of Expenditure
Media Category/Type
Date of Public Distribution/Dissemination
05 / 23 / 2018
Amount
100000.00
Transaction ID : SE.6002
Date of Disbursement or Obligation
05 / 23 / 2018

Name of Federal Candidate:
SEDILLO LOPEZ, ANTOINETTE, , ,
Support Oppose
Office Sought:
House District: 01
President Senate State: NM
Calendar Year-To-Date
Per Election for Office Sought
534000.00
Disbursement For:
Primary General
Other (specify)

Full Name of Payee
Mailing Address
City
State
Zip Code
Purpose of Expenditure
Category/Type
Date of Public Distribution/Dissemination
Amount
Date of Disbursement or Obligation

Name of Federal Candidate:
Support Oppose
Office Sought:
House District:
President Senate State:
Calendar Year-To-Date
Per Election for Office Sought
Disbursement For:
Primary General
Other (specify)

Table with 2 columns: Description and Amount.
(a) SUBTOTAL of Itemized Independent Expenditures 100000.00
(b) SUBTOTAL of Unitemized Independent Expenditures
(c) TOTAL Independent Expenditures 534000.00

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.

Le Brusq, Sara, , ,

[Electronically Filed]

Date

06 / 15 / 2018

Signature