

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)

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="70542.48"/>	<input type="text" value="180183.34"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="56126.01"/>	<input type="text" value="56126.01"/>
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="123.75"/>	

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

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)	30636.14	117477.75
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)) ..	70542.48	180183.34
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	70542.48	180183.34

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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-N5HCB

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. This amendment also fixes an issue with the payment for amounts on Schedule D. The prior amendments did not properly present the payment of debts owed by the committee. The expenses related to the debts were present on Schedule B, but the amounts on Schedule D had not been decreased. We have worked with our software provider to ensure that the presentation is corrected on this filing and going forward.

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 41
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) gonzales ISP Occupation (for Individual) School Psycholo
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 12 / 2016
Transaction ID : ACDEC5FE2A84744DBBC0
 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
 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 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
 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 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 41
<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. 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
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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 ▼
285.00

Date of Receipt

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

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

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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
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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 M	/	D D D	/	Y Y Y Y Y Y
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 41
	<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. 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 41
	<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
--	--

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 41
	<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
 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 / 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
 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 ▼ 750.00

Date of Receipt 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
 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 ▼ 500.00

Date of Receipt 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 41
<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
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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
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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 41
	<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. 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
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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 ▼
300.00

Date of Receipt

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

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

M M M	/	D D D	/	Y Y Y Y Y Y
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 41
	<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. 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 41
	<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. McMillan, James, C, Mrs.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 15 Crystal Canyon Pl
 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 41
	<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 41
	<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. 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 41
	<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. 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 41
	<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 41
	<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. Thompson, Jane, Luellen, Mrs.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

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) 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		10		2016

Transaction ID : A8DAEC3994AC4400BA15

Amount of Each Receipt this Period
500.00

Memo Item

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

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) Retired	Occupation (for Individual) Retired
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

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

Transaction ID : AAFB458CACFC94473ADC

Amount of Each Receipt this Period
1000.00

Memo Item

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

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) INFORMATION REQUESTED PER BEST EFFORTS	Occupation (for Individual) INFORMATION REQUESTED PER BES
---	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
425.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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: PAGE 21 OF 41
(check only one)
 11a 11b 11c 12
 13 14 15 16 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
MM / DD / YYYY
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
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

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)

Date of Disbursement

Mailing Address 1420 Spring Hill Road
Suite 490

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

City McLean State VA Zip Code 22102-3028

FEC Identification Number

Purpose of Disbursement
Agency Fee - Direct Mail - Consulting

C
004
Category/ Type

Transaction ID : **B98CC7D8E9**
Amount of Each Disbursement this Period

Candidate Name

5294.56

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

Memo Item

B. Campaign Funding Direct

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1420 Spring Hill Road
Suite 490

M M M	/	D D D	/	Y Y Y Y Y
10		17		2016

City McLean State VA Zip Code 22102-3028

FEC Identification Number

Purpose of Disbursement
Agency Fee - Direct Mail - Consulting

C
004
Category/ Type

Transaction ID : **B4DE194EC4**
Amount of Each Disbursement this Period

Candidate Name

1919.55

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

Memo Item

C. Campaign Funding Direct

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address 1420 Spring Hill Road
Suite 490

M M M	/	D D D	/	Y Y Y Y Y
10		17		2016

City McLean State VA Zip Code 22102-3028

FEC Identification Number

Purpose of Disbursement
Agency Fee - Direct Mail - Consulting

C
004
Category/ Type

Transaction ID : **BF3DEDC8F1**
Amount of Each Disbursement this Period

Candidate Name

892.80

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

Memo Item

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

8106.91

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. Colortree Group, Inc.

Full Name (Last, First, Middle Initial)

Mailing Address 8000 Villa Park Drive

City Richmond State VA Zip Code 23228-6500

Purpose of Disbursement Direct Mail - Printing

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 : B2629A62F4f

Amount of Each Disbursement this Period: 3906.64

Memo Item

B. CP Direct

Full Name (Last, First, Middle Initial)

Mailing Address 4600A Boston Way

City Lanham State MD Zip Code 20706-4858

Purpose of Disbursement Direct Mail - Printing

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 : B1A29744B5:

Amount of Each Disbursement this Period: 4635.55

Memo Item

C. CP Direct

Full Name (Last, First, Middle Initial)

Mailing Address 4600A Boston Way

City Lanham State MD Zip Code 20706-4858

Purpose of Disbursement Direct Mail - Printing

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 : BEDD85A5A

Amount of Each Disbursement this Period: 3320.45

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 11862.64

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. ECG Data Center

Full Name (Last, First, Middle Initial)

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:

Date of Disbursement: 10 / 10 / 2016

FEC Identification Number: C

Transaction ID : **BB17F6D042**

Amount of Each Disbursement this Period: 232.98

Memo Item

B. ECG Data Center

Full Name (Last, First, Middle Initial)

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:

Date of Disbursement: 10 / 10 / 2016

FEC Identification Number: C

Transaction ID : **B71E4D5220/**

Amount of Each Disbursement this Period: 100.00

Memo Item

C. ECG Data Center

Full Name (Last, First, Middle Initial)

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

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement: 10 / 17 / 2016

FEC Identification Number: C

Transaction ID : **B44678FF13**

Amount of Each Disbursement this Period: 881.43

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1214.41

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

004

Category/
Type

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 : B1A786AEE6
Amount of Each Disbursement this Period
83.79

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

004

Category/
Type

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 : B33219A487A
Amount of Each Disbursement this Period
67.06

Memo Item

Full Name (Last, First, Middle Initial)

C. First Virginia Community Bank

Mailing Address 11325 Random Hills Road

City Fairfax State VA Zip Code 22030-6051

Purpose of Disbursement
Bank Charge

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2016

FEC Identification Number

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

Memo Item

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

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

377.60

**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

004
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : B4E80EFFE8
Amount of Each Disbursement this Period

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

004
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : B0B2510B23!
Amount of Each Disbursement this Period

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

004
Category/
Type

Candidate Name

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

Date of Disbursement

/ /

FEC Identification Number

C
Transaction ID : BC6CE83162
Amount of Each Disbursement this Period

Memo Item

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

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

004
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

10 / 10 / 2016

FEC Identification Number

C
Transaction ID : BE084609C7'
Amount of Each Disbursement this Period
3616.65

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

004
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

10 / 10 / 2016

FEC Identification Number

C
Transaction ID : BA6DB28B55
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

004
Category/
Type

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 : B4B15899F0
Amount of Each Disbursement this Period
915.74

Memo Item

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

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

5491.21

**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 / 17 / 2016

FEC Identification Number: C

Transaction ID : BE08F297B6

Amount of Each Disbursement this Period: 3475.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement:

FEC Identification Number: C

Amount of Each Disbursement this Period:

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	3475.00
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 29 OF 41
	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 <input type="text" value="5294.56"/>	Transaction ID : D63C083C9246248A18B8	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="5294.56"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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 <input type="text" value="892.80"/>	Transaction ID : DD7CEF0E8BC5442BB984	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="892.80"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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 <input type="text" value="1919.55"/>	Transaction ID : DD2BF3B32B6F54353A70	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1919.55"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
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 30 OF 41
	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 3906.64		Transaction ID : D35578A33D2D84FB7A8E	
Amount Incurred This Period 0.00	Payment This Period 3906.64	Outstanding Balance at Close of This Period 0.00	

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 5680.94		Transaction ID : D0438B1B51A9348B8B80	
Amount Incurred This Period 0.00	Payment This Period 5680.94	Outstanding Balance at Close of This Period 0.00	

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 5680.94		Transaction ID : D598CA955D7074CFB9A2	
Amount Incurred This Period 0.00	Payment This Period 5680.94	Outstanding Balance at Close of This Period 0.00	

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
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 31 OF 41
	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="3320.45"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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="4635.55"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor EKG 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="67.06"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
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 32 OF 41
	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 - 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="881.43"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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 <input type="text" value="1496.48"/>	Transaction ID : DE06F38BF71F047C3BF2	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="1496.48"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>

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

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
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 33 OF 41
	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 100.00	Outstanding Balance at Close of This Period 0.00

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 83.79	Outstanding Balance at Close of This Period 0.00

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 1496.48	Transaction ID : DF1A538E6E57C47B691C	
Amount Incurred This Period 0.00	Payment This Period 1496.48	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
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 34 OF 41
	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 1496.48	Transaction ID : DA62D42ADA7084BD29BF	
Amount Incurred This Period 0.00	Payment This Period 1496.48	Outstanding Balance at Close of This Period 0.00

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 3276.66	Transaction ID : D8908A6567A4C475CAAB	
Amount Incurred This Period 0.00	Payment This Period 3276.66	Outstanding Balance at Close of This Period 0.00

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 552.53	Transaction ID : D4A772FF3A2834C389EC	
Amount Incurred This Period 0.00	Payment This Period 552.53	Outstanding Balance at Close of This Period 0.00

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
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 35 OF 41
	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 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		Transaction ID : D77AA921AE684424F9E3	
<input type="text" value="0.00"/>			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
<input type="text" value="123.75"/>	<input type="text" value="0.00"/>	<input type="text" value="123.75"/>	

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="123.75"/>
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 36 OF 41
	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="915.74"/>		Transaction ID : D9D63710CE95B435FB51	
Amount Incurred This Period <input type="text" value="0.00"/>	Payment This Period <input type="text" value="915.74"/>	Outstanding Balance at Close of This Period <input type="text" value="0.00"/>	

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

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

1) SUBTOTALS This Period This Page (optional)..... ▶	<input type="text" value="0.00"/>
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 37 OF 41
	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		Transaction ID : D28D17A195BF4435D965	
3616.65			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
0.00	3616.65	0.00	

B. 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 20151-1501	

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	906.66	0.00	

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

1) SUBTOTALS This Period This Page (optional)..... ▶	0.00
2) TOTALS This Period (last page this line number only)..... ▶	123.75
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) ▶	123.75

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: E98BFF4A016144C11801
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 / 20 / 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 ECG Data Center <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1420 Spring Hill Road Suite 490	Amount <input type="text"/> 1496.48 Transaction ID : E492ED0E170B5433E908
City Mc Lean State VA Zip Code 22102-3028	
Purpose of Expenditure Direct Mail - List Maintenance	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 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 97595.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Omega List Company <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <input type="text"/> / <input type="text"/> / <input type="text"/>
Mailing Address 1420 Spring Hill Road Suite 490	Amount <input type="text"/> 2669.56 Transaction ID : EB267ADC4AB9A4FC39C
City McLean State VA Zip Code 22100	
Purpose of Expenditure Direct Mail - List Rental Expenses	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 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State: _____
Calendar Year-To-Date Per Election for Office Sought <input type="text"/> 97595.25	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures	<input type="text"/> 4166.04
(a) SUBTOTAL of Unitemized Independent Expenditures	<input type="text"/>
(a) TOTAL Independent Expenditures	<input type="text"/>

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

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

NAME OF COMMITTEE (In Full) Hispanic Victory PAC	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00614453 </div>
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Check if 24-hour report 48-hour report ▶ New report Amends report filed on M M / D D / Y Y Y Y Y Y

Full Name of Payee <input type="checkbox"/> Memo Item Salem Radio Network			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 14 / 2016		
Mailing Address 6400 N Belt Line Rd Suite 210			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 9630.00 </div>		
City Irving	State TX	Zip Code 75063-6066			
Purpose of Expenditure Radio Advertisements		Category/Type 	Transaction ID : E62FE52B308A0452D80F Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 14 / 2016		
Name of Federal Candidate: <input type="checkbox"/> Support Clinton, Hillary, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 107225.25			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

Full Name of Payee <input type="checkbox"/> Memo Item Washington Intelligence Bureau			Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 10 / 03 / 2016		
Mailing Address 4128 Pepsi Place			Amount <div style="border: 1px solid black; padding: 2px; text-align: right;"> 906.66 </div>		
City Chantilly	State VA	Zip Code 20151-1501			
Purpose of Expenditure Bookkeeping		Category/Type 	Transaction ID : E4D9778CB68E742F7BCA Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 10 / 05 / 2016		
Name of Federal Candidate: <input type="checkbox"/> Support Clinton, Hillary, , , <input checked="" type="checkbox"/> Oppose			Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 97595.25			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____		

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%;"> 10536.66 </div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"></div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; width: 100%; height: 20px;"></div>

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

Sanchez, Jesus, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
04 / 20 / 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"/> 117477.75	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"/> 30636.14

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