

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) **PO BOX 34104**
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 (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 / / 2023 through / / 2023

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

Signature of Treasurer Gonzalez, Maria, R., , [Electronically Filed] Date / / 2023

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="2023"/>		768662.21
(b) Cash on Hand at Beginning of Reporting Period.....	933873.23	
(c) Total Receipts (from Line 19)	250000.00	520868.97
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1183873.23	1289531.18
7. Total Disbursements (from Line 31).....	173015.00	278672.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1010858.23	1010858.23
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY 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: 06 / 01 / 2023 To: 06 / 30 / 2023

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).....	0.00	6600.00
(ii) Unitemized	0.00	2088.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	8688.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	2500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	0.00	11188.00
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	1000.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	250000.00	508680.97
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)).....▶	250000.00	520868.97
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	250000.00	520868.97

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	3170.00	13272.97
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3170.00	13272.97
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	5000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
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	5.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	5000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	5005.00
29. Other Disbursements (Including Non-Federal Donations).....	169845.00	255394.98
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)) ..	173015.00	278672.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	173015.00	278672.95

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)	0.00	11188.00
34. Total Contribution Refunds (from Line 28(d))	0.00	5005.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	6183.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3170.00	13272.97
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3170.00	13272.97

**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 6 OF 14
<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

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. Altamed Health Network

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

Mailing Address 0401 N. Montebello Blvd

City Montebello	State CA	Zip Code 90640
--------------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2023

Transaction ID : SA17.8641

Amount of Each Receipt this Period
50000.00

Memo Item
Contribution-Non-Contribution Account

B. Altura Management Services

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

Mailing Address 1401 N Montebello Blvd

City Montebello	State CA	Zip Code 90640
--------------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
06		29		2023

Transaction ID : SA17.8635

Amount of Each Receipt this Period
50000.00

Memo Item
Contribution-Non-Contribution Account

C. Burkle, Ron, , ,

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

Mailing Address 9130 W. Sunset Blvd

City Los Angeles	State CA	Zip Code 90069
---------------------	-------------	-------------------

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

Name of Employer (for Individual) The Yucaipa Companies	Occupation (for Individual) CEO
--	------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06		16		2023

Transaction ID : SA17.8664

Amount of Each Receipt this Period
50000.00

Memo Item
Contribution-Non-Contribution Account

SUBTOTAL of Receipts This Page (optional).....	150000.00
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 7 OF 14
<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. Mckinley Paper

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

Mailing Address 1503 Lyndon B. Johnson Fwy
Ste 625

City Dallas	State TX	Zip Code 75234
----------------	-------------	-------------------

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

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	12	/	2023

Transaction ID : SA17.8657

Amount of Each Receipt this Period
50000.00

Memo Item
Contribution-Non-Contribution Account

B. Omnicare Medical Group

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

Mailing Address 1401 N. Monebello Blvd.

City Montebello	State CA	Zip Code 90640
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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 ▼
50000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	29	/	2023

Transaction ID : SA17.8638

Amount of Each Receipt this Period
50000.00

Memo Item
Contribution-Non-Contribution Account

C.

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

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

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt

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

Memo Item

SUBTOTAL of Receipts This Page (optional).....	100000.00
TOTAL This Period (last page this line number only).....	250000.00

**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)
LATINO VICTORY FUND

Full Name (Last, First, Middle Initial)

A. Capital One N.A.

Mailing Address 1200 F Street NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Contribution Account Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2023

FEC Identification Number

C []

Transaction ID : SB21B.8632

Amount of Each Disbursement this Period

[] 15.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Capital One N.A.

Mailing Address 1200 F Street NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Contribution Account Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 05 / 2023

FEC Identification Number

C []

Transaction ID : SB21B.8629

Amount of Each Disbursement this Period

[] 15.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Capital One N.A.

Mailing Address 1200 F Street NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Contribution Account Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 12 / 2023

FEC Identification Number

C []

Transaction ID : SB21B.8628

Amount of Each Disbursement this Period

[] 15.00

Memo Item

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

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

[] 45.00

[]

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)
LATINO VICTORY FUND

Full Name (Last, First, Middle Initial)

A. Capital One N.A.

Mailing Address 1200 F Street NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Contribution Account Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2023

FEC Identification Number

C
Transaction ID : SB21B.8625
Amount of Each Disbursement this Period
25.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Capital One N.A.

Mailing Address 1200 F Street NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Contribution Account Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 20 / 2023

FEC Identification Number

C
Transaction ID : SB21B.8624
Amount of Each Disbursement this Period
15.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Capital One N.A.

Mailing Address 1200 F Street NW

City Washington State DC Zip Code 20004

Purpose of Disbursement
Contribution Account Bank Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 23 / 2023

FEC Identification Number

C
Transaction ID : SB21B.8622
Amount of Each Disbursement this Period
25.00

Memo Item

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

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

65.00

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)
LATINO VICTORY FUND

Full Name (Last, First, Middle Initial)

A. Capital One N.A.

Mailing Address 1200 F Street NW

City
Washington

State
DC

Zip Code
20004

Purpose of Disbursement
Contribution Account Wire Transfer Fee

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	6		2	0	2	3

FEC Identification Number

C []

Transaction ID : SB21B.8621

Amount of Each Disbursement this Period

[] 15.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Capital One N.A.

Mailing Address 1200 F Street NW

City
Washington

State
DC

Zip Code
20004

Purpose of Disbursement
Contribution Account Bank fee

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	2	3

FEC Identification Number

C []

Transaction ID : SB21B.8620

Amount of Each Disbursement this Period

[] 25.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Paragon Solutions

Mailing Address

City

State

Zip Code

Purpose of Disbursement
Credit Card Processing Fees-Contribution Account

Candidate Name

Office Sought: House
 Senate
 President

State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	3

FEC Identification Number

C []

Transaction ID : SB21B.8630

Amount of Each Disbursement this Period

[] 20.00

Memo Item

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

[] 60.00

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

[]

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

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

FOR LINE NUMBER:
(check only one)

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

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NAME OF COMMITTEE (In Full)
LATINO VICTORY FUND

Full Name (Last, First, Middle Initial)
A. The Money Wheel LLC

Mailing Address 1325 W Holly St

City Phoenix State AZ Zip Code 85007

Purpose of Disbursement Compliance Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 13 / 2023

FEC Identification Number: C

Transaction ID : **SB21B.8626**

Amount of Each Disbursement this Period: 2500.00

Memo Item

Full Name (Last, First, Middle Initial)
B. The Money Wheel LLC

Mailing Address 1325 W Holly St

City Phoenix State AZ Zip Code 85007

Purpose of Disbursement Compliance and Accounting Services

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
06 / 23 / 2023

FEC Identification Number: C

Transaction ID : **SB21B.8623**

Amount of Each Disbursement this Period: 500.00

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
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 3000.00

TOTAL This Period (last page this line number only)..... ▶ 3170.00

**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. Capital One N.A.

Date of Disbursement: MM / DD / YYYY
06 / 23 / 2023

Mailing Address: 1200 F Street NW

City: Washington State: DC Zip Code: 20004

Purpose of Disbursement: Bank Fee-Non-Contribution Account

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **SB29.8642**
Amount of Each Disbursement this Period: 25.00

Memo Item

Full Name (Last, First, Middle Initial)
B. Daily Consulting

Date of Disbursement: MM / DD / YYYY
06 / 20 / 2023

Mailing Address: 9701 Burleson Dr

City: Dallas State: TX Zip Code: 75243

Purpose of Disbursement: Fundraising Consultant-Non-Contribution Account

Candidate Name: _____

Office Sought: House Senate President
State: _____ District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **SB29.8652**
Amount of Each Disbursement this Period: 6300.00

Memo Item

Full Name (Last, First, Middle Initial)
C. Elizabeth Guzman for VA

Date of Disbursement: MM / DD / YYYY
06 / 09 / 2023

Mailing Address: 4982 Landover Ct

City: Woodbridge State: VA Zip Code: 22193

Purpose of Disbursement: Contribution-Non-Contribution Account

Candidate Name: _____

Office Sought: House Senate President
State: VA District: _____

Disbursement For: Primary General Other (specify) ▼

FEC Identification Number: **C** _____
Transaction ID : **SB29.8658**
Amount of Each Disbursement this Period: 5000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 11325.00

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

A. Friends of Andres for Supervisor

Full Name (Last, First, Middle Initial)
Mailing Address 3119 Juniper Lane

City Falls Church State VA Zip Code 22044

Purpose of Disbursement
Contribution-Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 13 / 2023

FEC Identification Number: C
Transaction ID : SB29.8654
Amount of Each Disbursement this Period: 500.00

Memo Item

B. Hala For State Senate

Full Name (Last, First, Middle Initial)
Mailing Address 2896 Burgundy Pl

City Woodbridge State VA Zip Code 22192

Purpose of Disbursement
Contribution-Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 09 / 2023

FEC Identification Number: C
Transaction ID : SB29.8659
Amount of Each Disbursement this Period: 5000.00

Memo Item

C. Latino Victory Project

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 34104

City Washington State DC Zip Code 20005

Purpose of Disbursement
Contribution-Non-Contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 06 / 23 / 2023

FEC Identification Number: C
Transaction ID : SB29.8648
Amount of Each Disbursement this Period: 150000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 155500.00

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) A. Paragon Solutions		Date of Disbursement MM / DD / YYYY 06 / 02 / 2023	
Mailing Address		FEC Identification Number C	
City	State	Zip Code	Transaction ID : SB29.8660 Amount of Each Disbursement this Period 20.00
Purpose of Disbursement Credit Card Processing Fees-Non-Contribution Account		Category/Type	Memo Item <input type="checkbox"/>
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
Full Name (Last, First, Middle Initial) B. The Money Wheel LLC		Date of Disbursement MM / DD / YYYY 06 / 13 / 2023	
Mailing Address 1325 W Holly St		FEC Identification Number C	
City Phoenix	State AZ	Zip Code 85007	Transaction ID : SB29.8653 Amount of Each Disbursement this Period 2500.00
Purpose of Disbursement Compliance Services-non-Contribution Account		Category/Type	Memo Item <input type="checkbox"/>
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
Full Name (Last, First, Middle Initial) C. The Money Wheel LLC		Date of Disbursement MM / DD / YYYY 06 / 23 / 2023	
Mailing Address 1325 W Holly St		FEC Identification Number C	
City Phoenix	State AZ	Zip Code 85007	Transaction ID : SB29.8643 Amount of Each Disbursement this Period 500.00
Purpose of Disbursement Compliance Services-Non-Contribution Account		Category/Type	Memo Item <input type="checkbox"/>
Candidate Name		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	State: District:		
SUBTOTAL of Disbursements This Page (optional)..... ▶		3020.00	
TOTAL This Period (last page this line number only)..... ▶		169845.00	