

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 3
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Latino Victory Fund			FEC IDENTIFICATION NUMBER ▼ C C00562777	
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on			MM / DD / YYYY	
Full Name of Payee Gaglers, Inc. / CallHub		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2024		
Mailing Address 2093 Philadelphia Pike # 7468		Amount 7875.00		
City Claymont	State DE	Zip Code 19703-2424	Transaction ID : 500119538	
Purpose of Expenditure Text Messaging, Non-Contribution Account		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2024	
Name of Federal Candidate HARRIS, KAMALA, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: US	
Calendar Year-To-Date Per Election for Office Sought		197125.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
Full Name of Payee Gaglers, Inc. / CallHub		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2024		
Mailing Address 2093 Philadelphia Pike # 7468		Amount 15750.00		
City Claymont	State DE	Zip Code 19703-2424	Transaction ID : 500119539	
Purpose of Expenditure GOTV Phone Calls, Non-Contribution Account		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2024	
Name of Federal Candidate HARRIS, KAMALA, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☒ President ☐ Senate State: US	
Calendar Year-To-Date Per Election for Office Sought		197125.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		23625.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶				
(c) TOTAL Independent Expenditures..... ▶				
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.				
Signature GONZALEZ, Maria, R, ,		Date MM / DD / YYYY 11 / 04 / 2024		

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NAME OF COMMITTEE (In Full) Latino Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00562777
Check if ☒ 24-hour report ☐ 48-hour report ☒ New report ☐ Amends report filed on		MM / DD / YYYY

Full Name of Payee Gaglers, Inc. / CallHub		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2024
Mailing Address 2093 Philadelphia Pike # 7468		Amount 2625.00
City Claymont	State DE	Zip Code 19703-2424
Purpose of Expenditure Text Messaging, Non-Contribution Account	Category/ Type 004	Transaction ID : 500119540 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2024
Name of Federal Candidate WILD, SUSAN, , ,		☒ Support ☐ Oppose Office Sought: ☒ House ☐ Senate District: 07 State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee Gaglers, Inc. / CallHub		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2024
Mailing Address 2093 Philadelphia Pike # 7468		Amount 2625.00
City Claymont	State DE	Zip Code 19703-2424
Purpose of Expenditure Text Messaging, Non-Contribution Account	Category/ Type 004	Transaction ID : 500119541 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2024
Name of Federal Candidate CARTWRIGHT, MATTHEW, A., ,		☒ Support ☐ Oppose Office Sought: ☒ House ☐ Senate District: 08 State: PA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	5250.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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

GONZALEZ, Maria, R, ,

Signature

Date

MM / DD / YYYY
11 / 04 / 2024

NAME OF COMMITTEE (In Full) Latino Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00562777	
Check if ☒ 24-hour report ☐ 48-hour report		☒ New report ☐ Amends report filed on / /	

Full Name of Payee Gaglers, Inc. / CallHub		Date of Public Distribution/Dissemination MM / DD / YYYY 11 / 04 / 2024	
Mailing Address 2093 Philadelphia Pike # 7468		Amount 2625.00	
City Claymont	State DE	Zip Code 19703-2424	Transaction ID : 500119542 Date of Disbursement or Obligation MM / DD / YYYY 11 / 04 / 2024
Purpose of Expenditure Text Messaging, Non-Contribution Account		Category/ Type 004	
Name of Federal Candidate SOTO, DARREN, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House ☐ President ☐ Senate District: 09 State: FL
Calendar Year-To-Date Per Election for Office Sought		15625.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY
Mailing Address		Amount \$ _____
City	State	Zip Code
Purpose of Expenditure	Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY
Name of Federal Candidate	☐ Support ☐ Oppose	Office Sought: ☐ House District: _____ ☐ President ☐ Senate State: _____
Calendar Year-To-Date Per Election for Office Sought	_____	Disbursement For: ☐ Primary ☐ General ☐ Other (specify) ► _____

(a) SUBTOTAL of Itemized Independent Expenditures.....	2625.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	31500.00

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

MM / DD / YYYY