

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
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 Nueva Network		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 20 / 2026		
Mailing Address 517 S Main St		Amount 20000.00		
City Salinas	State CA	Zip Code 93901-3307	Transaction ID : 500128600	
Purpose of Expenditure Non-Contribution Account, Advertising - Radio		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 20 / 2026	
Name of Federal Candidate GARCIA, SYLVIA, R, ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 29 ☐ President ☐ Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought		20000.00	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
Full Name of Payee Nueva Network		Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 20 / 2026		
Mailing Address 517 S Main St		Amount 15000.00		
City Salinas	State CA	Zip Code 93901-3307	Transaction ID : 500128601	
Purpose of Expenditure Non-Contribution Account, Advertising - Radio		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 20 / 2026	
Name of Federal Candidate PULIDO, BOBBY, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 15 ☐ President ☐ Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought		15000.00	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶		35000.00		
(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 02 / 20 / 2026		

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Full Name of Payee Nueva Network			Date of Public Distribution/Dissemination MM / DD / YYYY 02 / 20 / 2026	
Mailing Address 517 S Main St			Amount 15000.00	
City Salinas	State CA	Zip Code 93901-3307	Transaction ID : 500128602	
Purpose of Expenditure Non-Contribution Account, Advertising - Radio		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 02 / 20 / 2026	
Name of Federal Candidate TALARICO, JAMES, , ,		☒ Support ☐ Oppose	Office Sought: ☐ House District: 00 ☐ President ☒ Senate State: TX	
Calendar Year-To-Date Per Election for Office Sought		15000.00	Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	

Full Name of Payee			Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address			Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY	
Purpose of Expenditure		Category/ Type		
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..... ▶	15000.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	50000.00

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.

GONZALEZ, Maria, R, ,
Signature

Date

MM / DD / YYYY
02 / 20 / 2026