

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.
LATINO VICTORY FUND

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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.

Type or Print Name of Treasurer Sara Le Brusq

Signature of Treasurer Sara Le Brusq [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

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="2015"/>		38764.63
(b) Cash on Hand at Beginning of Reporting Period.....	38764.63	
(c) Total Receipts (from Line 19)	41795.00	41795.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	80559.63	80559.63
7. Total Disbursements (from Line 31).....	58083.99	58083.99
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	22475.64	22475.64
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)	12073.80	

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

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

LATINO VICTORY FUND

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	13050.00	13050.00
(ii) Unitemized	1595.00	1595.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	14645.00	14645.00
(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)	14645.00	14645.00
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.....	4950.00	4950.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	22200.00	22200.00
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))..... ▶	41795.00	41795.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	41795.00	41795.00

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	5063.04	5063.04
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	5063.04	5063.04
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	48020.95	48020.95
30. Federal Election Activity (2 U.S.C. §431(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)) ..	58083.99	58083.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	58083.99	58083.99

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	14645.00	14645.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	14645.00	14645.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	5063.04	5063.04
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	5063.04	5063.04

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

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

FOR LINE NUMBER: PAGE 6 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 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. James Aldrete
 Full Name (Last, First, Middle Initial)
 Mailing Address 2501 Durwood Street
 City Austin State TX Zip Code 78704
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Message Audience & Presentatio President
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 06 / 28 / 2015
Transaction ID : SA11AI.4243
 Amount of Each Receipt this Period
 500.00
 Conduit: ActBlue

B. Rosalina Cardenas
 Full Name (Last, First, Middle Initial)
 Mailing Address 451 Prospect Circle
 City Pasadena State CA Zip Code 91030
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 CSG CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 06 / 28 / 2015
Transaction ID : SA11AI.4235
 Amount of Each Receipt this Period
 1500.00
 Conduit: ActBlue

C. John Ek
 Full Name (Last, First, Middle Initial)
 Mailing Address 255 West 5th Street #1012
 City San Pedro State CA Zip Code 90731
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Self-employed Consultant
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1500.00

Date of Receipt
 06 / 28 / 2015
Transaction ID : SA11AI.4249
 Amount of Each Receipt this Period
 1500.00
 Conduit: ActBlue

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
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 7 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LATINO VICTORY FUND

Full Name (Last, First, Middle Initial)
A. Louis R. Escareno

Mailing Address 2717 W. Martin

City San Antonio State TX Zip Code 78207

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

Name of Employer Self-employed Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2015
Transaction ID : SA11AI.4245

Amount of Each Receipt this Period
250.00

Conduit: ActBlue

Full Name (Last, First, Middle Initial)
B. Lawrence F. Gonzalez

Mailing Address 1714 3rd Street NE Apt A.

City Washington State DC Zip Code 20002

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

Name of Employer The Raben Group Occupation Consultant

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 28 / 2015
Transaction ID : SA11AI.4241

Amount of Each Receipt this Period
500.00

Conduit: ActBlue

Full Name (Last, First, Middle Initial)
C. League of Conservation Voters

Mailing Address 1920 L Street NW Suite 800

City Washington State DC Zip Code 20036

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 21 / 2015
Transaction ID : SA11AI.4220

Amount of Each Receipt this Period
900.00

Conduit: ActBlue (Refunded 07/20/2015)

SUBTOTAL of Receipts This Page (optional)..... ▶ 1650.00

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 25
	<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)
LATINO VICTORY FUND

A. Maria Lemus
Full Name (Last, First, Middle Initial)

Mailing Address 2536 Edwards Avenue

City El Cerrito State CA Zip Code 94530

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

Name of Employer Vision y Compromiso Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 06 / 07 / 2015

Transaction ID : SA11AI.4203

Amount of Each Receipt this Period
 400.00

Conduit: ActBlue

B. Henry Munoz III
Full Name (Last, First, Middle Initial)

Mailing Address 1017 N. Main Avenue #300

City San Antonio State TX Zip Code 78212

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

Name of Employer Kell Munoz Occupation CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 03 / 20 / 2015

Transaction ID : SA11AI.4102

Amount of Each Receipt this Period
 5000.00

C. Ralph Patino
Full Name (Last, First, Middle Initial)

Mailing Address 550 Biltmore Way

City Miami State FL Zip Code 33134

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

Name of Employer Patino and Associates Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 22 / 2015

Transaction ID : SA11AI.4125

Amount of Each Receipt this Period
 2500.00

Conduit: ActBlue

SUBTOTAL of Receipts This Page (optional).....▶	7900.00
TOTAL This Period (last page this line number only).....▶	13050.00

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

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

FOR LINE NUMBER: PAGE 9 OF 25
(check only one)

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

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NAME OF COMMITTEE (In Full)
LATINO VICTORY FUND

Full Name (Last, First, Middle Initial)
A. ACTBLUE

Mailing Address P.O. BOX 441146

City State Zip Code
SOMERVILLE MA 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 30 / 2015

Transaction ID : SA11C.4183

Amount of Each Receipt this Period
9545.00

Total Through Conduit This Reporting Period

[MEMO ITEM]

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 25
<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

Full Name (Last, First, Middle Initial)
A. ACTBLUE

Mailing Address P.O. BOX 441146

City State Zip Code
SOMERVILLE MA 02144

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 30 / 2015
Transaction ID : SA17.4258

Amount of Each Receipt this Period
 400.00

Total Through Conduit This Reporting Period Non-contribution Account

[MEMO ITEM]

Full Name (Last, First, Middle Initial)
B. CWA COPE PCC

Mailing Address 501 3rd Street NW

City State Zip Code
Washington DC 20001

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y
 06 / 29 / 2015
Transaction ID : SA17.4251

Amount of Each Receipt this Period
 10000.00

Non-contribution Account

Full Name (Last, First, Middle Initial)
C. Entravision Communications Co.

Mailing Address 2425 Olympic Blvd. #6000 West

City State Zip Code
Santa Monica CA 94404

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 02 / 2015
Transaction ID : SA17.4142

Amount of Each Receipt this Period
 2500.00

Non-contribution Account

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text"/> 12500.00
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

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

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

FOR LINE NUMBER: PAGE 11 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LATINO VICTORY FUND

Full Name (Last, First, Middle Initial)
A. Entravision Communications Co.

Mailing Address 2425 Olympic Blvd. #6000 West

City State Zip Code
Santa Monica CA 94404

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA17.4147

Amount of Each Receipt this Period

Non-contribution Account

Full Name (Last, First, Middle Initial)
B. Henry Munoz III

Mailing Address 1017 N. Main Avenue #300

City State Zip Code
San Antonio TX 78212

FEC ID number of contributing federal political committee.

Name of Employer Occupation
Kell Munoz CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /
Transaction ID : SA17.4146

Amount of Each Receipt this Period

Non-contribution Account

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 / /

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="8500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="21000.00"/>

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

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

FOR LINE NUMBER: PAGE 12 OF 25
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
LATINO VICTORY FUND

A. DEMOCRATIC EXECUTIVE COMMITTEE OF FLORIDA
 Full Name (Last, First, Middle Initial)
 Mailing Address 214 SOUTH BRONOUGH STREET
 City TALLAHASSEE State FL Zip Code 32301
 FEC ID number of contributing federal political committee. **C** C00005561
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼ 4950.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 01 / 09 / 2015
Transaction ID : SA16.4100
 Amount of Each Receipt this Period 4950.00
 Contribution Refund (2014 Contribution)

B.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

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

C.
 Full Name (Last, First, Middle Initial)
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

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

SUBTOTAL of Receipts This Page (optional).....▶	4950.00
TOTAL This Period (last page this line number only).....▶	4950.00

**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"/> 24	<input type="checkbox"/> 25	<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. ActBlue Technical Services

Mailing Address 366 Summer Street

City Somerville State MA Zip Code 02144

Purpose of Disbursement
Credit Card Processing Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	28	/	2015

Transaction ID : SB21B.4228

Amount of Each Disbursement this Period

203.83

Category/
Type

Full Name (Last, First, Middle Initial)

B. CT Corp

Mailing Address P.O. Box 4349

City Carol Stream State IL Zip Code 60197

Purpose of Disbursement
Registered Agent Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06	/	10	/	2015

Transaction ID : SB21B.4259

Amount of Each Disbursement this Period

127.80

Category/
Type

Full Name (Last, First, Middle Initial)

C. Latino Victory Project

Mailing Address 700 14th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Payroll Expenses - Non-contribution Account

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01	/	22	/	2015

Transaction ID : SB21B.4175

Amount of Each Disbursement this Period

1875.00

Category/
Type

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

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

2206.63

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**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"/> 24	<input type="checkbox"/> 25	<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. Maria Lizet Ocampo

Mailing Address 450 Massachusetts Avenue NW #429

City Washington State DC Zip Code 20001

Purpose of Disbursement
Salary

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	1		2	2		2	0	1	5

Transaction ID : SB21B.4175.0

Amount of Each Disbursement this Period

7	5	0	0
---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Mabel Arrambide

Mailing Address 700 14th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Salary

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	1		2	2		2	0	1	5

Transaction ID : SB21B.4175.1

Amount of Each Disbursement this Period

1	1	2	5
---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Latino Victory Project

Mailing Address 700 14th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Payroll Taxes, Employee Benefits, Payroll Processing

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	1		2	2		2	0	1	5

Transaction ID : SB21B.4178

Amount of Each Disbursement this Period

1	9	5	4
---	---	---	---

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

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

1	9	5	4
---	---	---	---

1	9	5	4
---	---	---	---

**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"/> 24	<input type="checkbox"/> 25	<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. Perkins Coie

Mailing Address 700 13th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Legal Services

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 Y Y
01 / 22 / 2015

Transaction ID : SB21B.4148

Amount of Each Disbursement this Period

2036.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

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 Y Y

Amount of Each Disbursement this Period

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) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2036.00

4438.07

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. COMMITTEE FOR HISPANIC CAUSES/BUILDING OUR LEADERSHIP DIVERSITY PAC (CHC BOLD PAC)

Mailing Address PO BOX 70980

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement
Contribution

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 Y Y
01 / 31 / 2015

Transaction ID : SB23.4106

Amount of Each Disbursement this Period

2500.00

B. COMMITTEE FOR HISPANIC CAUSES/BUILDING OUR LEADERSHIP DIVERSITY PAC (CHC BOLD PAC)

Mailing Address PO BOX 70980

City WASHINGTON State DC Zip Code 20024

Purpose of Disbursement
Contribution

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 Y Y
02 / 11 / 2015

Transaction ID : SB23.4108

Amount of Each Disbursement this Period

2500.00

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

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 Y Y

Amount of Each Disbursement this Period

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

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

5000.00

5000.00

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. 270 Strategies

Mailing Address 401 W. Superior

City Chicago State IL Zip Code 60654

Purpose of Disbursement
Digital Media Consulting - Non-contribution Account

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4156

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. 270 Strategies

Mailing Address 401 W. Superior

City Chicago State IL Zip Code 60654

Purpose of Disbursement
Digital Media Consulting - Non-contribution Account

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4198

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. 270 Strategies

Mailing Address 401 W. Superior

City Chicago State IL Zip Code 60654

Purpose of Disbursement
Digital Media Consulting - Non-contribution Account

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4270

Amount of Each Disbursement this Period

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Elect Loretta

Mailing Address P.O. Box 23011

City State Zip Code
Seattle WA 98102

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
06 / 11 / 2015

Transaction ID : SB29.4215

Amount of Each Disbursement this Period

685.00

Category/
Type

Full Name (Last, First, Middle Initial)

B. Elect Loretta

Mailing Address P.O. Box 23011

City State Zip Code
Seattle WA 98102

Purpose of Disbursement
In-kind: Email List

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
06 / 11 / 2015

Transaction ID : SB29.4273

Amount of Each Disbursement this Period

15.00

Category/
Type

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Eric Garcetti for Mayor 2017

Mailing Address P.O. Box 27164

City State Zip Code
Los Angeles CA 90027

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

/ /
06 / 08 / 2015

Transaction ID : SB29.4213

Amount of Each Disbursement this Period

1000.00

Category/
Type

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

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

1685.00

**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"/> 24	<input type="checkbox"/> 25	<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. Friends of Nelson Diaz

Mailing Address P.O. Box 58352

City Philadelphia State PA Zip Code 19102

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
04 / 27 / 2015

Transaction ID : SB29.4117

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. Latino Victory Project

Mailing Address 700 14th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Payroll Expenses - Non-contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2015

Transaction ID : SB29.4169

Amount of Each Disbursement this Period

3034.09

Full Name (Last, First, Middle Initial)

C. Maria Lizet Ocampo

Mailing Address 450 Massachusetts Avenue NW #429

City Washington State DC Zip Code 20001

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2015

Transaction ID : SB29.4169.0

Amount of Each Disbursement this Period

1500.00

[MEMO ITEM]

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

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

8034.09

**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"/> 24	<input type="checkbox"/> 25	<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. Mabel Arrambide

Mailing Address 700 14th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		22		2015

Transaction ID : SB29.4169.1

Amount of Each Disbursement this Period

1534.09

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Latino Victory Project

Mailing Address 700 14th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Fundraising Consulting - Non-contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		22		2015

Transaction ID : SB29.4172

Amount of Each Disbursement this Period

519.23

Full Name (Last, First, Middle Initial)

C. Mabel Arrambide

Mailing Address 700 14th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Fundraising Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		22		2015

Transaction ID : SB29.4172.0

Amount of Each Disbursement this Period

519.23

[MEMO ITEM]

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

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

519.23

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**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"/> 24	<input type="checkbox"/> 25	<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. Latino Victory Project

Mailing Address 700 14th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Payroll Taxes, Employee Benefits, Payroll Processing - Non-contribution Account

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
01 / 22 / 2015

Transaction ID : SB29.4174

Amount of Each Disbursement this Period

456.12

Full Name (Last, First, Middle Initial)

B. Latino Victory Project

Mailing Address 700 14th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Payroll Expenses - Non-contribution Account

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2015

Transaction ID : SB29.4160

Amount of Each Disbursement this Period

4522.73

Full Name (Last, First, Middle Initial)

C. Maria Lizet Ocampo

Mailing Address 450 Massachusetts Avenue NW #429

City Washington State DC Zip Code 20001

Purpose of Disbursement
Salary

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
03 / 04 / 2015

Transaction ID : SB29.4160.0

Amount of Each Disbursement this Period

2272.73

[MEMO ITEM]

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

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

4978.85

**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"/> 24	<input type="checkbox"/> 25	<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. Mabel Arrambide

Mailing Address 700 14th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4160.1

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Latino Victory Project

Mailing Address 700 14th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Payroll Taxes, Employee Benefits, Payroll Processing - Non-contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4167

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Latino Victory Project

Mailing Address 700 14th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
In-kind to Nelson Diaz for Staff Time & List Rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB29.4113

Amount of Each Disbursement this Period

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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. Perkins Coie

Mailing Address 700 13th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Legal Services - Non-contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
01 / 22 / 2015

Transaction ID : SB29.4150

Amount of Each Disbursement this Period

3500.00

Full Name (Last, First, Middle Initial)

B. Perkins Coie

Mailing Address 700 13th Street NW

City Washington State DC Zip Code 20005

Purpose of Disbursement
Legal Services - Non-contribution Account

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
03 / 20 / 2015

Transaction ID : SB29.4154

Amount of Each Disbursement this Period

1984.50

Full Name (Last, First, Middle Initial)

C. Solidarity Strategies

Mailing Address P.O. Box 52092

City Washington State DC Zip Code 20091

Purpose of Disbursement
Phone Bank - Non-contribution Account (In-kind to Garcia for Chicago)

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 13 / 2015

Transaction ID : SB29.4158

Amount of Each Disbursement this Period

9989.20

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

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

15473.70

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"/> 24	<input type="checkbox"/> 25	<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. Viverito NY

Full Name (Last, First, Middle Initial)

Mailing Address 211 East 111th Street, 2

City New York State NY Zip Code 10029

Purpose of Disbursement Contribution

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: 03 / 20 / 2015

Transaction ID : SB29.4111

Amount of Each Disbursement this Period: 1000.00

Category/Type

B.

Full Name (Last, First, Middle Initial)

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

Amount of Each Disbursement this Period

Category/Type

C.

Full Name (Last, First, Middle Initial)

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

Amount of Each Disbursement this Period

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1000.00

TOTAL This Period (last page this line number only)..... ▶ 47946.20

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 25 OF 25
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
LATINO VICTORY FUND

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Whitney W. Burns	Nature of Debt (Purpose): Financial Compliance
Mailing Address P.O. Box 1174	
City State Zip Code Springfield VA 22151	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4275	
Amount Incurred This Period 5081.25	Payment This Period 0.00	Outstanding Balance at Close of This Period 5081.25

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Latino Victory Project	Nature of Debt (Purpose): Travel and Event Space
Mailing Address 700 14th Street NW	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4277	
Amount Incurred This Period 629.55	Payment This Period 0.00	Outstanding Balance at Close of This Period 629.55

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Perkins Coie	Nature of Debt (Purpose): Legal Services
Mailing Address 700 13th Street NW	
City State Zip Code Washington DC 20005	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4274	
Amount Incurred This Period 6363.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 6363.00

1) SUBTOTALS This Period This Page (optional)..... ▶	12073.80
2) TOTALS This Period (last page this line number only)..... ▶	12073.80
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) ▶	12073.80