

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) LATINO VICTORY FUND	FEC IDENTIFICATION NUMBER ▼ C C00562777
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Solidarity Strategies <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 12 / 2016
Mailing Address P.O. Box 52092	Amount 14041.94
City State Zip Code Washington DC 20091	
Purpose of Expenditure Direct Mail - Non-contribution Account	Category/Type
Name of Federal Candidate DARREN SOTO	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>09</u> State: <u>FL</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 14041.94	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee Solidarity Strategies <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 08 / 12 / 2016
Mailing Address P.O. Box 52092	Amount 2250.00
City State Zip Code Washington DC 20091	
Purpose of Expenditure Lists and Shipping - Non-contribution Account	Category/Type
Name of Federal Candidate DARREN SOTO	<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate District: <u>09</u> State: <u>FL</u> <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 16291.94	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	16291.94
(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.

Sara Le Brusq [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y 09 / 16 / 2016

Signature _____