

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) LATINO VICTORY FUND	FEC IDENTIFICATION NUMBER ▼ C C00562777
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Check if 24-hour report 48-hour report New report Amends report filed on M M / 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 / D D / Y Y Y Y Y Y 08 / 15 / 2016
Mailing Address P.O. Box 52092	Amount 14549.48
City State Zip Code Washington DC 20091	Transaction ID : SE.5060 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 15 / 2016
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 District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 30841.42	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 / D D / Y Y Y Y Y Y 08 / 15 / 2016
Mailing Address P.O. Box 52092	Amount 7412.50
City State Zip Code Washington DC 20091	Transaction ID : SE.5062 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 15 / 2016
Purpose of Expenditure Phone Bank - 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 District: 09 <input type="checkbox"/> President <input type="checkbox"/> Senate State: FL
Calendar Year-To-Date Per Election for Office Sought 38253.92	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	21961.98
(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 / D D / Y Y Y Y Y Y
09 / 16 / 2016

Signature