

**SCHEDULE E (FEC Form 3X)**  
**ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF COMMITTEE (In Full) <b>LATINO VICTORY FUND</b>	<b>FEC IDENTIFICATION NUMBER</b> ▼ <b>C</b> 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 <b>Switchboard Communications</b> <input checked="" type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">08 / 26 / 2016</span>
Mailing Address 1725 E Street NW Suite 900	Amount <span style="border: 1px solid black; padding: 2px;">2000.00</span>
City State Zip Code Washington DC 20001	<b>Transaction ID : SE.5158</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">08 / 26 / 2016</span>
Purpose of Expenditure Online Advertising - Non-contribution Account	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
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 <span style="border: 1px solid black; padding: 2px;">137792.24</span>	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <b>Targeted Platform Media LLC</b> <input type="checkbox"/> Memo Item	Date of Public Distribution/Dissemination <span style="border: 1px solid black; padding: 2px;">09 / 06 / 2016</span>
Mailing Address 1291 Hollywood Avenue	Amount <span style="border: 1px solid black; padding: 2px;">38403.00</span>
City State Zip Code Annapolis MD 21403	<b>Transaction ID : SE.5153</b> Date of Disbursement or Obligation <span style="border: 1px solid black; padding: 2px;">08 / 31 / 2016</span>
Purpose of Expenditure Media - Non-contribution Account	Category/Type <span style="border: 1px solid black; padding: 2px;"> </span>
Name of Federal Candidate DONALD J TRUMP <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought <span style="border: 1px solid black; padding: 2px;">38403.00</span>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">38403.00</span>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<span style="border: 1px solid black; padding: 2px;"> </span>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<span style="border: 1px solid black; padding: 2px;">183607.74</span>

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