

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

NAME OF COMMITTEE (In Full) LATINO VICTORY FUND	FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px;"> C C00562777 </div>
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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 <input type="checkbox"/> Memo Item Solidarity Strategies	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016						
Mailing Address P.O. Box 52092	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6125.25</div> Transaction ID : SE.5416 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20091</td> </tr> </table>		City	State	Zip Code	Washington	DC	20091
City		State	Zip Code				
Washington	DC	20091					
Purpose of Expenditure Direct Mail - Non-contribution Account							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose HURD, WILLIAM, , ,	Office Sought: <input checked="" type="checkbox"/> House District: <u>23</u> <input type="checkbox"/> President <input type="checkbox"/> Senate State: <u>TX</u>						
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; text-align: right;">37501.50</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

Full Name of Payee <input type="checkbox"/> Memo Item Solidarity Strategies	Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 11 / 01 / 2016						
Mailing Address P.O. Box 52092	Amount <div style="border: 1px solid black; padding: 2px; text-align: right;">6125.25</div> Transaction ID : SE.5428 Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 11 / 01 / 2016						
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20091</td> </tr> </table>		City	State	Zip Code	Washington	DC	20091
City		State	Zip Code				
Washington	DC	20091					
Purpose of Expenditure Media - Non-contribution Account							
Name of Federal Candidate: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose TRUMP, DONALD J, , ,	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 <div style="border: 1px solid black; padding: 2px; text-align: right;">487450.83</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____						

(a) SUBTOTAL of Itemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;">12250.50</div>
(a) SUBTOTAL of Unitemized Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>
(a) TOTAL Independent Expenditures ▶	<div style="border: 1px solid black; padding: 2px; text-align: right;"> </div>

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.

Le Brusq, Sara, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
11 / 29 / 2016

Signature