

**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; display: inline-block;"> 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 The Hamilton Campaign Network LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 11 / 2018
Mailing Address 5030 Broadway, Suite 810		Amount 6000.00
City State Zip Code New York NY 10034		
Purpose of Expenditure Community Advertising, Non-contribution Account		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 11 / 2018
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose SOTO, DARREN, , ,		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 16000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

Full Name of Payee <input type="checkbox"/> Memo Item The Hamilton Campaign Network LLC		Date of Public Distribution/Dissemination M M / D D / Y Y Y Y Y Y 08 / 13 / 2018
Mailing Address 5030 Broadway, Suite 810		Amount 8000.00
City State Zip Code New York NY 10034		
Purpose of Expenditure Endorsement Communications, Non-contribution Account		Date of Disbursement or Obligation M M / D D / Y Y Y Y Y Y 08 / 13 / 2018
Name of Federal Candidate: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose SOTO, DARREN, , ,		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 24000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2018 <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures ▶	14000.00
(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.

Saenz, Adrian, , ,

[Electronically Filed]

Date

M M / D D / Y Y Y Y Y Y
09 / 24 / 2018

Signature