

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 2
FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Latino Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00562777	
Check if ☒ 24-hour report ☐ 48-hour report		☐ New report	☒ Amends report filed on
		MM / DD / YYYY 10 / 24 / 2024	

Full Name of Payee DSPolitical		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Mailing Address 1133 15Th St NW Ste 800		Amount 20000.00	
City Washington	State DC	Zip Code 20005-2716	Transaction ID : 500119193
Purpose of Expenditure Digital Ad Buy, Non-Contribution Account		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2024
Name of Federal Candidate SALAS, RUDY, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 22 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		20600.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

Full Name of Payee DSPolitical		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Mailing Address 1133 15Th St NW Ste 800		Amount 20000.00	
City Washington	State DC	Zip Code 20005-2716	Transaction ID : 500119194
Purpose of Expenditure Digital Ad Buy, Non-Contribution Account		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2024
Name of Federal Candidate GOMEZ, JIMMY, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 34 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		20600.00	Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	40000.00
(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.

GONZALEZ, Maria, R, ,

Signature

Date

MM / DD / YYYY
10 / 28 / 2024

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(Schedule E)

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FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Latino Victory Fund		FEC IDENTIFICATION NUMBER ▼ C C00562777	
Check if ☒ 24-hour report ☐ 48-hour report ☐ New report ☒ Amends report filed on		MM / DD / YYYY 10 / 24 / 2024	

Full Name of Payee PG Power Productions		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Mailing Address 2317 Lake Debra Dr Apt 2735		Amount 600.00	
City Orlando	State FL	Zip Code 32835-6654	Transaction ID : 500119299
Purpose of Expenditure Digital Ad Production, Non-Contribution Account		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2024
Name of Federal Candidate GOMEZ, JIMMY, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 34 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

Full Name of Payee PG Power Productions		Date of Public Distribution/Dissemination MM / DD / YYYY 10 / 24 / 2024	
Mailing Address 2317 Lake Debra Dr Apt 2735		Amount 600.00	
City Orlando	State FL	Zip Code 32835-6654	Transaction ID : 500119300
Purpose of Expenditure Digital Ad Production, Non-Contribution Account		Category/ Type 004	Date of Disbursement or Obligation MM / DD / YYYY 10 / 24 / 2024
Name of Federal Candidate SALAS, RUDY, , ,		☒ Support ☐ Oppose	Office Sought: ☒ House District: 22 ☐ President ☐ Senate State: CA
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: ☐ Primary ☒ General 2024 ☐ Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1200.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	41200.00

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.

GONZALEZ, Maria, R, ,

Signature

Date

MM / DD / YYYY
10 / 28 / 2024