

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)PAGE 1 OF 1
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			M M M / D D D / Y Y Y Y Y Y		
Full Name of Payee VioX AI Corp			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 17 / 2026		
Mailing Address 619 River Dr Ste 200			Amount 15000.00		
City Elmwood Park State NJ Zip Code 07407-1360		Transaction ID : 500130829 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 06 / 16 / 2026			
Purpose of Expenditure Texting Services, Non-Contribution Account		Category/Type 004			
Name of Federal Candidate ESPAILLAT, ADRIANO, , ,		☒ Support ☐ Oppose		Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought		651000.00		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
Full Name of Payee VioX AI Corp			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 06 / 17 / 2026		
Mailing Address 619 River Dr Ste 200			Amount 5000.00		
City Elmwood Park State NJ Zip Code 07407-1360		Transaction ID : 500130830 Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y			
Purpose of Expenditure Texting Services, Non-Contribution Account		Category/Type 004			
Name of Federal Candidate ESPAILLAT, ADRIANO, , ,		☒ Support ☐ Oppose		Office Sought: ☒ House District: 13 ☐ President ☐ Senate State: NY	
Calendar Year-To-Date Per Election for Office Sought		651000.00		Disbursement For: ☒ Primary ☐ General 2026 ☐ Other (specify) ▶	
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			20000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶			20000.00		
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.					
Signature GONZALEZ, Maria, R, ,			Date M M M / D D D / Y Y Y Y Y Y 06 / 18 / 2026		