	STATEMENT OF		RECEIVED					
FEC FORM 1	ORGANIZATI		2013 AUG - 5 AM 11: 16					
			FEGRICMAILINCENTER					
1. NAME OF COMMITTEE (in full)	j j i i	ample:1f typing, type er the lines.	12FE4M5					
JUAN GARCIA	FOR CONGRESS							
ADDRESS (number and street)	5948 SW 112 DR							
(Check if address is changed)		<u> </u>	FL 33330					
	CITY		STATE ZIP CODE					
COMMITTEE'S E-MAIL ADDRE	SS (Please provide only one e-mail a	ddress)						
(Check if address	info@juanelielfor	congress.cor	n					
is changed)		╽ _╍ ╽╍┼ _╍ ╽╶╷╷╷						
COMMITTEE'S WEB PAGE AD	DRESS (URL)							
_	www.juanelielford	congress.con	۱					
(Check if address is changed)								
2. DATE 06 2	7 2013							
3. FEC IDENTIFICATION N	UMBER C	۲ ۲ ۱۱ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰۰ ۲۰۰						
4. IS THIS STATEMENT		AMENDED (A)						
I certify that I have examined t	his Statement and to the best of my	knowledge and belief it	is true, correct and complete.					
Type or Print Name of Treasure	JOSE A. RIESC	O, CPA						
Signature of Treasurer			_{Date} 06 27 2013					
NOTE: Submission of false, erroneous, or incomplete information may subject the prefision bigning this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.								
Office Use Only		For further information co Federal Election Commissio Toll Free 800-424-9530 Local 202-694-1100						

FEC Form 1 (Revised 02/2009)

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Page 3

Write or Type Committee Name

JUAN GARCIA FOR CONGRESS

6. Name of Any Connected Organization, Affiliated Committee, Joint Fundraising Representative, or Leadership PAC Sponsor

NONE	}			_	1								}	J				ŀ]					1		}			1	ļ
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Mailing Address]																							
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7 Custadian of Desputy Idea																																		

 Custodian of Records: Identify by name, address (phone number -- optional) and position of the person in possession of committee books and records.

	A. RIESCO, CPA	<u> </u>	
Mailing Address	95 MERRICK WAY, SUITE 250		
-			
		FL I	33134
Title or Position	CITY	STATE	ZIP CODE
	Telephone nu	umber [305	

8. Treasurer: List the name and address (phone number -- optional) of the treasurer of the committee; and the name and address of any designated agent (e.g., assistant treasurer).

Full Name of Treasurer	A. RIESCO, CPA		
Mailing Address	95 MERRICK WAY, SUITE 250		
		FL	33134
Title or Position	CITY	STATE	ZIP CODE
TREASURER	Telephone	e number 30	5, - 445, - 0777, -

Full Name of Designated Agent	ĘĄ.,RIĘSCO, CPĄ		
Mailing Address	195 MERRICK WAY, SUITE	250	
		<u> </u>	
	CORAL GABLES		33134]-[
	CITY	STATE	ZIP CODE
Title or Position		Telephone number 30	54450777
Banks or Other Deposit safety deposit boxes or m Name of Bank, Depositor		which the committee deposits	funds, holds accounts, rents
ICHA			
Mailing Address	1380 EAST 4 AVENUE		
		[FL]	33010
	CITY	STATE	ZIP CODE
Name of Bank, Depositor	y, etc.		

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Page 4

9.

Federal Election Commission ENVELOPE REPLACEMENT PAGE FOR INCOMIN The FEC added this page to the end of this filing to indica	
Hand Delivered	Date of Receipt
USPS First Class Mail	Postmarked
USPS Registered/Certified	Postmarked (R/C)
USPS Priority Mail	Postmarked
USPS Express Mail	Postmarked
Postmark Illegible	
No Postmark	
Overnight Delivery Service (Specify): FEd-EXP Next Busin	Shipping Date 8/2/13 ess Day Delivery
Received from House Records & Registration Office	Date of Receipt
Received from Senate Public Records Office	Date of Receipt
Received from Electronic Filing Office	Date of Receipt
Date of Other (Specify):	Receipt or Postmarked
(Jup	8/5/12
PREPARER	DATE PREPARED

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