

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

JUAN ELIEL FOR CONGRESS

ADDRESS (number and street)

PO BOX 297436

Check if different than previously reported. (ACC)

PEMBROKE PINES

FL

33029

2. FEC IDENTIFICATION NUMBER ▼

C C00506766

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) OR AMENDED (A)

FL

23

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on MM / DD / YYYY in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on MM / DD / YYYY in the State of

5. Covering Period

MM / DD / YYYY through MM / DD / YYYY

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Jose A. Riesco

Signature of Treasurer Jose A. Riesco

[Electronically Filed]

Date

MM / DD / YYYY

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only								
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

JUAN ELIEL FOR CONGRESS

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	4725.00	28165.11
(b) Total Contribution Refunds (from Line 20(d))	0.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4725.00	28065.11
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4139.50	27097.73
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	4139.50	27097.73
8. Cash on Hand at Close of Reporting Period (from Line 27).....	967.38	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

JUAN ELIEL FOR CONGRESS

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2775.00	23635.00
(ii) Unitemized.....	1950.00	4530.11
(iii) TOTAL of contributions from individuals ▶	4725.00	28165.11
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4725.00	28165.11
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	4725.00	28165.11

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	4139.50	27097.73
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	100.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	100.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	4139.50	27197.73

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	381.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4725.00
25. SUBTOTAL (add Line 23 and Line 24).....	5106.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	4139.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	967.38

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 10
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
JUAN ELIEL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Ruben Arvelo

Mailing Address 2613 Salomon Avenue
#202

City State Zip Code
Davie FL 33024

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
Lizzie Lizzie Collector

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2012

Transaction ID : SA11AI.4573

Amount of Each Receipt this Period
 300.00

B. Full Name (Last, First, Middle Initial)
Carlos Ferreira

Mailing Address 15257 SW 111th Street

City State Zip Code
Miami FL 33196

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ADPE Pastor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 27 / 2012

Transaction ID : SA11AI.4570

Amount of Each Receipt this Period
 50.00

C. Full Name (Last, First, Middle Initial)
Carlos Ferreira

Mailing Address 15257 SW 111th Street

City State Zip Code
Miami FL 33196

FEC ID number of contributing federal political committee. **C**

Name of Employer Occupation
ADPE Pastor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 03 / 2012

Transaction ID : SA11AI.4580

Amount of Each Receipt this Period
 50.00

SUBTOTAL of Receipts This Page (optional).....

TOTAL This Period (last page this line number only).....

400.00

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 10
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JUAN ELIEL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Carlos Ferreira		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 12 / 2012	
Mailing Address 15257 SW 111th Street		Transaction ID : SA11AI.4583	
City Miami	State FL	Zip Code 33196	Amount of Each Receipt this Period _____ 25.00
FEC ID number of contributing federal political committee.		C	
Name of Employer ADPE	Occupation Pastor		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 635.00		

Full Name (Last, First, Middle Initial) B. Dr. Edwin Lemuel Ortiz-Hernandez		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2012	
Mailing Address PO Box 820814		Transaction ID : SA11AI.4494	
City South Florida	State FL	Zip Code 33082	Amount of Each Receipt this Period _____ 1500.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Univision	Occupation Commentator		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 4000.00		

Full Name (Last, First, Middle Initial) C. Juan J. Perez		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 27 / 2012	
Mailing Address 670 Briarwood		Transaction ID : SA11AI.4575	
City Davie	State FL	Zip Code 33325	Amount of Each Receipt this Period _____ 250.00
FEC ID number of contributing federal political committee.		C	
Name of Employer Self-Employed	Occupation Attorney		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 250.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1775.00
TOTAL This Period (last page this line number only).....	_____

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 10
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
JUAN ELIEL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Ramon Perez		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 27 / 2012	
Mailing Address 9928 NW 19th Place		Transaction ID : SA11AI.4579	
City State Zip Code Sunrise FL 33322	Amount of Each Receipt this Period _____ 100.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period _____ 1100.00		
Name of Employer Occupation Self-Employed Surgeon	Election Cycle-to-Date _____ 1100.00		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) B. Natalia Sanchez		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 27 / 2012	
Mailing Address 3970 Oaks Clubhouse Drive #110		Transaction ID : SA11AI.4577	
City State Zip Code Pompano Beach FL 33069	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period _____ 250.00		
Name of Employer Occupation Mandarin Resort Hospitality Manager	Election Cycle-to-Date _____ 250.00		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

Full Name (Last, First, Middle Initial) C. David J. Weldon		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 31 / 2012	
Mailing Address 365 Newport Drive		Transaction ID : SA11AI.4538	
City State Zip Code Indialantic FL 32903	Amount of Each Receipt this Period _____ 250.00		
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period _____ 250.00		
Name of Employer Occupation Self-Employed Physician	Election Cycle-to-Date _____ 250.00		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			

SUBTOTAL of Receipts This Page (optional).....	_____ 600.00
TOTAL This Period (last page this line number only).....	_____ 2775.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 10			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
JUAN ELIEL FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. Ads Promobile		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>01</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		01		2012
M M	/	D D	/	Y Y Y Y								
08		01		2012								
Mailing Address 1183 W. 29 Street, Suite D		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Hialeah</td> <td>FL</td> <td>33012</td> </tr> </table>		City	State	Zip Code	Hialeah	FL	33012	<table border="1"> <tr> <td>1400.00</td> </tr> </table>	1400.00			
City	State	Zip Code										
Hialeah	FL	33012										
1400.00												
Purpose of Disbursement Advertising		Transaction ID : SB17.4599										
Candidate Name												
Office Sought: <table border="1"> <tr> <td><input type="checkbox"/> House</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>		<input type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	Category/Type							
<input type="checkbox"/> House												
<input type="checkbox"/> Senate												
<input type="checkbox"/> President												
Disbursement For: 2012 <table border="1"> <tr> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> General</td> </tr> <tr> <td><input type="checkbox"/> Other (specify)</td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify)								
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General											
<input type="checkbox"/> Other (specify)												
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. Answers		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>01</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		01		2012
M M	/	D D	/	Y Y Y Y								
08		01		2012								
Mailing Address 6941 SW 196 Avenue Suite 4		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Pembroke Pines</td> <td>FL</td> <td>33332</td> </tr> </table>		City	State	Zip Code	Pembroke Pines	FL	33332	<table border="1"> <tr> <td>375.00</td> </tr> </table>	375.00			
City	State	Zip Code										
Pembroke Pines	FL	33332										
375.00												
Purpose of Disbursement Printing		Transaction ID : SB17.4602										
Candidate Name												
Office Sought: <table border="1"> <tr> <td><input type="checkbox"/> House</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>		<input type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	Category/Type							
<input type="checkbox"/> House												
<input type="checkbox"/> Senate												
<input type="checkbox"/> President												
Disbursement For: 2012 <table border="1"> <tr> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> General</td> </tr> <tr> <td><input type="checkbox"/> Other (specify)</td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify)								
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General											
<input type="checkbox"/> Other (specify)												
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
c. Borward's Sherrif Office		<table border="1"> <tr> <td>M M</td> <td>/</td> <td>D D</td> <td>/</td> <td>Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>07</td> <td></td> <td>2012</td> </tr> </table>	M M	/	D D	/	Y Y Y Y	08		07		2012
M M	/	D D	/	Y Y Y Y								
08		07		2012								
Mailing Address 3201 W. Hallandale Beach Blvd		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Hollywood</td> <td>FL</td> <td>33023</td> </tr> </table>		City	State	Zip Code	Hollywood	FL	33023	<table border="1"> <tr> <td>222.00</td> </tr> </table>	222.00			
City	State	Zip Code										
Hollywood	FL	33023										
222.00												
Purpose of Disbursement Escort Services		Transaction ID : SB17.4606										
Candidate Name												
Office Sought: <table border="1"> <tr> <td><input type="checkbox"/> House</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>		<input type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	Category/Type							
<input type="checkbox"/> House												
<input type="checkbox"/> Senate												
<input type="checkbox"/> President												
Disbursement For: 2012 <table border="1"> <tr> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> General</td> </tr> <tr> <td><input type="checkbox"/> Other (specify)</td> <td></td> </tr> </table>		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify)								
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General											
<input type="checkbox"/> Other (specify)												
State: District:												

SUBTOTAL of Disbursements This Page (optional).....	1997.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 10			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
JUAN ELIEL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Comcast		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012
Mailing Address 141 NW 16 Street		Amount of Each Disbursement this Period 347.21
City Pompano Beach	State FL	
Zip Code 33060	Purpose of Disbursement Utilities	Transaction ID : SB17.4595
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Sebastian Gimenez		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2012
Mailing Address 6284 NW 186 Street #209		Amount of Each Disbursement this Period 300.00
City Miami	State FL	
Zip Code 33015	Purpose of Disbursement Graphic Design Services	Transaction ID : SB17.4597
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Nicole Jaeger		Date of Disbursement M M / D D / Y Y Y Y 08 / 15 / 2012
Mailing Address 1380 Seabay Road		Amount of Each Disbursement this Period 342.00
City Weston	State FL	
Zip Code 33326	Purpose of Disbursement Campaign Work	Transaction ID : SB17.4608
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	989.21
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 10			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JUAN ELIEL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Restrepo Group		Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2012
Mailing Address 1003 Shotgun Road		Amount of Each Disbursement this Period 1000.00
City Sunrise	State FL Zip Code 33326	
Purpose of Disbursement Rent - August 2012		Transaction ID : SB17.4593
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Category/ Type
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement		Category/ Type
Candidate Name		
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For:
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	3986.21