

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 / / in the State of

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

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

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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

/ /

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: M M / D D / Y Y Y Y 04 / 01 / 2012 To: M M / D D / Y Y Y Y 06 / 30 / 2012

	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))....	9175.00	23125.11
(b) Total Contribution Refunds (from Line 20(d))	250.00	350.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	8925.00	22775.11
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	13236.65	21096.02
(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)).....	13236.65	21096.02
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1679.09	
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).....	8560.00	20860.00
(ii) Unitemized.....	615.00	2265.11
(iii) TOTAL of contributions from individuals ▶	9175.00	23125.11
(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))..	9175.00	23125.11
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)..... ▶	9175.00	23125.11

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	13236.65	21096.02
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	250.00	350.00
(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)).....	250.00	350.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	13486.65	21446.02

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	5990.74
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	9175.00
25. SUBTOTAL (add Line 23 and Line 24).....	15165.74
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	13486.65
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1679.09

**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 5 OF 21
	<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	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
JUAN ELIEL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Manny Benito

Mailing Address 13220 SW 84 Avenue

City Pinecrest State FL Zip Code 33156

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

Name of Employer Self-Employed Occupation Producer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 18 / 2012

Transaction ID : SA11AI.4465

Amount of Each Receipt this Period
 250.00

B. Full Name (Last, First, Middle Initial)
Francisco Castellanos

Mailing Address 12451 SW 10th Court

City Davie State FL Zip Code 33325

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

Name of Employer Bright Light Insurance Occupation General Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 24 / 2012

Transaction ID : SA11AI.4341

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Jose Charris

Mailing Address 18580 SW 52nd Street

City Miramar State FL Zip Code 33029

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

Name of Employer Charris Rehab Occupation Physical Therapist

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2012

Transaction ID : SA11AI.4333

Amount of Each Receipt this Period
 250.00

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

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

750.00

**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 21
	<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

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

Mailing Address 15257 SW 111th Street

City Miami State FL Zip Code 33196

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

Name of Employer ADPE Occupation 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
 04 / 27 / 2012

Transaction ID : SA11AI.4453

Amount of Each Receipt this Period
 10.00

Amount of Each Receipt this Period
 510.00

B. Full Name (Last, First, Middle Initial)
Hernan R. Franco

Mailing Address Cond. Playablanca Apt. 901

City Carolina State PR Zip Code 00979

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

Name of Employer Self-Employed Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2012

Transaction ID : SA11AI.4329

Amount of Each Receipt this Period
 1000.00

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Mario Garcia, Ph.D., J.D.

Mailing Address 12280 SW 100th Street

City Miami State FL Zip Code 33186

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

Name of Employer Garcia Law Offices PA Occupation Attorney

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2012

Transaction ID : SA11AI.4337

Amount of Each Receipt this Period
 300.00

Amount of Each Receipt this Period
 300.00

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

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

1310.00

**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 7 OF 21
	<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

A. Full Name (Last, First, Middle Initial)
Juan Goderich

Mailing Address 15605 SW 111th Terrace

City Miami State FL Zip Code 33196

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

Name of Employer AB International Brokers Occupation Customer Service

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 04 / 2012

Transaction ID : SA11AI.4463

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Jorge Benito M.D., P.A.

Mailing Address PO Box 450189

City Miami State FL Zip Code 33245

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 24 / 2012

Transaction ID : SA11AI.4339

Amount of Each Receipt this Period
 250.00

C. Full Name (Last, First, Middle Initial)
Francisco Lopez Varona

Mailing Address 5709 Cloverdale Court

City Davie State FL Zip Code 33331

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

Name of Employer Doral JWC Occupation Pastor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 05 / 01 / 2012

Transaction ID : SA11AI.4321

Amount of Each Receipt this Period
 1000.00

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

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

1750.00

**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 8 OF 21
	<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

A. Full Name (Last, First, Middle Initial)
Juana Martinez

Mailing Address 1046 SW 159 Way

City State Zip Code
Pembroke Pines FL 33027

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

Name of Employer Occupation
El Dorado Furniture Sales Exec.

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
04 / 27 / 2012

Transaction ID : SA11AI.4461

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Jesus R. Navarro

Mailing Address 14060 NW 82nd Avenue

City State Zip Code
Miami Lakes FL 33016

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

Name of Employer Occupation
A Amusement, Inc. Sales Exec.

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
05 / 24 / 2012

Transaction ID : SA11AI.4343

Amount of Each Receipt this Period
2000.00

C. Full Name (Last, First, Middle Initial)
Ramon Perez

Mailing Address 9928 NW 19th Place

City State Zip Code
Sunrise FL 33322

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

Name of Employer Occupation
Self-Employed Surgeon

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
06 / 28 / 2012

Transaction ID : SA11AI.4477

Amount of Each Receipt this Period
1000.00

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

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

3250.00

**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 9 OF 21
	<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

A. Full Name (Last, First, Middle Initial)
Luz E. Rodriguez

Mailing Address 18233 SW 5th Street

City State Zip Code
Pembroke Pines FL 33029

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

Name of Employer Occupation
N/A Unemployed

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 01 / 2012

Transaction ID : SA11AI.4325

Amount of Each Receipt this Period
 500.00

B. Full Name (Last, First, Middle Initial)
Thomas Sanchez

Mailing Address 3960 NW 90th Way

City State Zip Code
Sunrise FL 33351

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

Name of Employer Occupation
Iron Mountain Transportation Supervisor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 27 / 2012

Transaction ID : SA11AI.4459

Amount of Each Receipt this Period
 500.00

C. Full Name (Last, First, Middle Initial)
Francisco Santiago

Mailing Address 6093 SW 191st Avenue

City State Zip Code
Pembroke Pines FL 33332

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

Name of Employer Occupation
TurboPower, LLC CFO

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2012

Transaction ID : SA11AI.4331

Amount of Each Receipt this Period
 250.00

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

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

1250.00

**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 10 OF 21
	<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

A. Full Name (Last, First, Middle Initial)
Juan Toribio

Mailing Address 17464 NW 11th Street

City State Zip Code
Pembroke Pines FL 33029

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

Name of Employer Occupation
Universal Property Supervisor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2012

Transaction ID : SA11Al.4335

Amount of Each Receipt this Period
250.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

250.00

8560.00

**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 11 OF 21	
	<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. BREC		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2012
Mailing Address 150 S. Andrews Avenue		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4370
City Pompano Beach	State FL	
Zip Code 33069	Purpose of Disbursement Ticketed Event	Category/ Type
Candidate Name	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. Comcast		Date of Disbursement M M / D D / Y Y Y Y 04 / 03 / 2012
Mailing Address 141 NW 16 Street		Amount of Each Disbursement this Period 347.33 Transaction ID : SB17.4350
City Pompano Beach	State FL	
Zip Code 33060	Purpose of Disbursement Utilities	Category/ Type
Candidate Name	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. Comcast		Date of Disbursement M M / D D / Y Y Y Y 04 / 23 / 2012
Mailing Address 141 NW 16 Street		Amount of Each Disbursement this Period 694.49 Transaction ID : SB17.4363
City Pompano Beach	State FL	
Zip Code 33060	Purpose of Disbursement Utilities	Category/ Type
Candidate Name	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).....	1291.82
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 12 OF 21		
	<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. Comcast		Date of Disbursement M M / D D / Y Y Y Y 06 / 21 / 2012
Mailing Address 141 NW 16 Street		Amount of Each Disbursement this Period 346.99
City Pompano Beach	State FL	
Zip Code 33060	Purpose of Disbursement Utilities	Transaction ID : SB17.4479
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. D.P. Embroidery & Screen Print		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 14915 SW 52nd Street		Amount of Each Disbursement this Period 475.00
City Miramar	State FL	
Zip Code 33027	Purpose of Disbursement T-Shirts	Transaction ID : SB17.4377
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. Farfromboring Promotions.com, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address 6401 Congress Avenue Suite 210		Amount of Each Disbursement this Period 284.62
City Boca Raton	State FL	
Zip Code 33487	Purpose of Disbursement Printing	Transaction ID : SB17.4375
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).....	1106.61
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 13 OF 21	
	<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. Carlos Ferreira		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 15257 SW 111th Street		Amount of Each Disbursement this Period 1364.60
City Miami	State FL Zip Code 33196	
Purpose of Disbursement Reimbursement - Meals and Printing		Transaction ID : SB17.4345
Candidate Name		
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)	Category/ Type
State: District:		

Full Name (Last, First, Middle Initial) B. Giovanni's Cafe		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address 17864 NW 2nd Street		Amount of Each Disbursement this Period 600.00
City Pembroke Pines	State FL Zip Code 33029	
Purpose of Disbursement Fundraiser - Meals		Transaction ID : SB17.4345.0
Candidate Name		
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)	Category/ Type
State: District:	[MEMO ITEM]	

Full Name (Last, First, Middle Initial) c. Avanze Corporation		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address PO Box 820097		Amount of Each Disbursement this Period 366.69
City South Florida	State FL Zip Code 33082	
Purpose of Disbursement Door Hangers		Transaction ID : SB17.4345.1
Candidate Name		
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)	Category/ Type
State: District:	[MEMO ITEM]	

SUBTOTAL of Disbursements This Page (optional).....	1364.60
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 14 OF 21			
	<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. Carlos Ferreira		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 15257 SW 111th Street		Amount of Each Disbursement this Period 535.20
City Miami	State FL Zip Code 33196	
Purpose of Disbursement Reimbursement - Fundraiser	Candidate Name	Transaction ID : SB17.4366
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) B. Giovanni's Cafe		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 17864 NW 2nd Street		Amount of Each Disbursement this Period 535.20
City Pembroke Pines	State FL Zip Code 33029	
Purpose of Disbursement Fundraiser - Meals	Candidate Name	Transaction ID : SB17.4366.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) c. Carlos Ferreira		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address 15257 SW 111th Street		Amount of Each Disbursement this Period 461.60
City Miami	State FL Zip Code 33196	
Purpose of Disbursement Reimbursement - Fundraiser	Candidate Name	Transaction ID : SB17.4372
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	996.80
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 15 OF 21	
	<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. Giovanni's Cafe		Date of Disbursement M M / D D / Y Y Y Y 05 / 07 / 2012
Mailing Address 17864 NW 2nd Street		Amount of Each Disbursement this Period 461.60
City Pembroke Pines	State FL	
Zip Code 33029	Purpose of Disbursement Fundraiser - Meals	Transaction ID : SB17.4372.0
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)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Carlos Ferreira		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 15257 SW 111th Street		Amount of Each Disbursement this Period 420.00
City Miami	State FL	
Zip Code 33196	Purpose of Disbursement Reimbursement - Fundraiser	Transaction ID : SB17.4378
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. Giovanni's Cafe		Date of Disbursement M M / D D / Y Y Y Y 05 / 21 / 2012
Mailing Address 17864 NW 2nd Street		Amount of Each Disbursement this Period 420.00
City Pembroke Pines	State FL	
Zip Code 33029	Purpose of Disbursement Fundraiser - Meals	Transaction ID : SB17.4378.0
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)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	420.00
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 16 OF 21			
	<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. Juan Eliel Garcia		Date of Disbursement M M / D D / Y Y Y Y 04 / 02 / 2012
Mailing Address PO Box 297436		Amount of Each Disbursement this Period 376.83 Transaction ID : SB17.4349
City Pembroke Pines	State FL	
Zip Code 33029	Purpose of Disbursement Reimbursement - Supplies & Signs	Category/ Type
Candidate Name	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 04 / 02 / 2012
Mailing Address 6284 NW 186 Street #209		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4346
City Miami	State FL	
Zip Code 33015	Purpose of Disbursement Video & Photo Production, Signs	Category/ Type
Candidate Name	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. Sebastian Gimenez		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 6284 NW 186 Street #209		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4388
City Miami	State FL	
Zip Code 33015	Purpose of Disbursement Graphic Design Service	Category/ Type
Candidate Name	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).....	976.83
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 17 OF 21			
	<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. Nicole Jaeger		Date of Disbursement M M / D D / Y Y Y Y 05 / 30 / 2012
Mailing Address 1380 Seabay Road		Amount of Each Disbursement this Period 320.00 Transaction ID : SB17.4390
City Weston State FL Zip Code 33326	Purpose of Disbursement Campaign Work	
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. Nicole Jaeger		Date of Disbursement M M / D D / Y Y Y Y 06 / 14 / 2012
Mailing Address 1380 Seabay Road		Amount of Each Disbursement this Period 328.00 Transaction ID : SB17.4392
City Weston State FL Zip Code 33326	Purpose of Disbursement Campaign Work	
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 06 / 27 / 2012
Mailing Address 1380 Seabay Road		Amount of Each Disbursement this Period 304.00 Transaction ID : SB17.4481
City Weston State FL Zip Code 33326	Purpose of Disbursement Campaign Work	
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).....	952.00
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 18 OF 21			
	<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 04 / 02 / 2012
Mailing Address 1003 Shotgun Road		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4348
City Sunrise	State FL	
Purpose of Disbursement April 2012 Rent		Category/ Type
Candidate Name		
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. Restrepo Group		Date of Disbursement M M / D D / Y Y Y Y 04 / 27 / 2012
Mailing Address 1003 Shotgun Road		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4365
City Sunrise	State FL	
Purpose of Disbursement May Rent		Category/ Type
Candidate Name		
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. Restrepo Group		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 1003 Shotgun Road		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4382
City Sunrise	State FL	
Purpose of Disbursement June 2012 Rent		Category/ Type
Candidate Name		
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).....	3000.00
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 19 OF 21	
	<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 06 / 27 / 2012
Mailing Address 1003 Shotgun Road		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4483
City Sunrise	State FL Zip Code 33326	
Purpose of Disbursement Rent - July	Category/Type	
Candidate Name		
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. Riesco and Company, LLC		Date of Disbursement M M / D D / Y Y Y Y 05 / 15 / 2012
Mailing Address 95 Merrick Way Suite 250		Amount of Each Disbursement this Period 975.00 Transaction ID : SB17.4373
City Coral Gables	State FL Zip Code 33134	
Purpose of Disbursement Professional Fees	Category/Type	
Candidate Name		
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. The Cooppa Guardian		Date of Disbursement M M / D D / Y Y Y Y 04 / 30 / 2012
Mailing Address 13550 SW 10th Street		Amount of Each Disbursement this Period 372.00 Transaction ID : SB17.4367
City Pembroke Pines	State FL Zip Code 33027	
Purpose of Disbursement Advertising	Category/Type	
Candidate Name		
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).....	2347.00
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 20 OF 21	
	<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. The Hispanic Vote		Date of Disbursement M M / D D / Y Y Y Y 05 / 29 / 2012
Mailing Address 95 Merrick Way Suite 250		Amount of Each Disbursement this Period 250.00
City Coral Gables	State FL Zip Code 33134	
Purpose of Disbursement Ticketed Event	Candidate Name	Transaction ID : SB17.4386
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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	Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	12705.66

**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 21 OF 21	
	<input type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
	<input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
JUAN ELIEL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Jorge Benito M.D., P.A.		Date of Disbursement MM / DD / YYYY 06 / 18 / 2012
Mailing Address PO Box 450189		Amount of Each Disbursement this Period 250.00 Transaction ID : SB20A.4429
City Miami	State FL	
Zip Code 33245	Purpose of Disbursement Contribution Refund	Category/ Type 010
Candidate Name		
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.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	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 MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	250.00