

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

2014 AUG 22 AM 11:31 Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT

Example: If typing, type over the lines.

12FE4M5 EC MAIL CENTER

PETER VIVALDI FOR CONGRESS

ADDRESS (number and street)

11511 LAKE UNDERHILL ROAD



Check if different than previously reported. (ACC)

ORLANDO

FL

32822

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

STATE DISTRICT

C00546531

3. IS THIS REPORT



NEW (N)

OR



AMENDED (A)

FL

09

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

M M

D D

Y Y Y Y

in the State of

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



General (30G)



Runoff (30R)



Special (30S)

Election on

M M

D D

Y Y Y Y

in the State of

5. Covering Period

07

01

2014

through

08

06

2014

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

Carlos A. Thillet

Signature of Treasurer

[Handwritten Signature]

Date

08

20

2014

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

FEC FORM 3 (Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

Write or Type Committee Name PETER VIVALDI For Congress

Report Covering the Period: From: 07 ' 07 ' 2014 To: 08 ' 06 ' 2014

	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))	1,825.00	35,777.00
(b) Total Contribution Refunds (from Line 20(d))	0,000.00	6,000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1,825.00	35,177.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1,488.00	41,106.07
(b) Total Offsets to Operating Expenditures (from Line 14)	0,000.00	0,000.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1,488.00	41,106.07
8. Cash on Hand at Close of Reporting Period (from Line 27)	1,920.93	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)		

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 Disbursements

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....	1,488.00	41,106.07
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES		
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....		
(b) Of All Other Loans		
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00.00	0.00.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees		600.00
(b) Political Party Committees.....		
(c) Other Political Committees (such as PACs).....		
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00.00	600.00
21. OTHER DISBURSEMENTS	0.00.00	0.00.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	1,488.00	41,706.07

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1,583.93
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1,825.00
25. SUBTOTAL (add Line 23 and Line 24).....	3,408.93
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	1,488.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1,920.93

**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 OF

<input 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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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)

PETER VIVALDI For Congress

Full Name (Last, First, Middle Initial)

A. *RIVERA, KeyLA*

Mailing Address

3218 Waterbridge Ct.

City

KISSIMMEE

State

FL

Zip Code

34744

FEC ID number of contributing federal political committee.

C

Name of Employer

Universal Studios

Occupation

Production Mgr

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

275.00

Date of Receipt

07 / 10 / 2014

Amount of Each Receipt this Period

275.00

Full Name (Last, First, Middle Initial)

B. *VIVALDI, PEPPO*

Mailing Address

8656 Hill Pine Rd

City

ORLANDO

State

FL

Zip Code

32822

FEC ID number of contributing federal political committee.

C

Name of Employer

N/A

Occupation

Retired

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

200.00

Date of Receipt

07 / 15 / 2014

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

C. *GORDON, EVA*

Mailing Address

13538 Village Park Dr.

City

ORLANDO

State

FL

Zip Code

32837

FEC ID number of contributing federal political committee.

C

Name of Employer

SMART TITLE

Occupation

CEO

Receipt For:

Primary General
 Other (specify)

Election Cycle-to-Date

500.00

Date of Receipt

07 / 16 / 2014

Amount of Each Receipt this Period

500.00

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

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	OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	

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NAME OF COMMITTEE (In Full) **PETER VIVALDI; FOR CONGRESS**

A. Full Name (Last, First, Middle Initial)
VALLE, RICHARD

Mailing Address
1417 N. SEMORAN BLVD.

City **ORLANDO** State **FL** Zip Code **32807**

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

Name of Employer **SELF** Occupation **Attorney**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **20000**

Date of Receipt
07 / 25 / 2014

Amount of Each Receipt this Period
20000

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

Mailing Address
2271 Park Maitland Ct.

City **Maitland** State **FL** Zip Code **32751**

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

Name of Employer **N/A** Occupation **Retired**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **30000**

Date of Receipt
07 / 29 / 2014

Amount of Each Receipt this Period
300.00

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

Mailing Address
111 Shellie Ct.

City **Longwood** State **FL** Zip Code **32779**

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

Name of Employer **SELF** Occupation **SALES**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **35000**

Date of Receipt
07 / 28 / 2014

Amount of Each Receipt this Period
35000

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

182500

**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	OF
	<input 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)
PETER VIVALDI For Congress

Full Name (Last, First, Middle Initial) A. Hispanic Chamber of Commerce		Date of Disbursement MM/DD/YYYY 07/18/2014
Mailing Address 3201 E. Colonial Dr.		Amount of Each Disbursement this Period 20000
City ORLANDO	State FL	
Zip Code 32803	Purpose of Disbursement Political Hob Nob	Category/ Type
Candidate Name Peter A. Vivaldi	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: FL District:

Full Name (Last, First, Middle Initial) B. Peter A. Vivaldi		Date of Disbursement MM/DD/YYYY 07/24/2014
Mailing Address 11555 Lake Underhill Rd.		Amount of Each Disbursement this Period 20000
City ORLANDO	State FL	
Zip Code 32822	Purpose of Disbursement Reimbursement - OCYR Hob Nob	Category/ Type
Candidate Name Peter A. Vivaldi	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: FL District:

Full Name (Last, First, Middle Initial) C. FAST Signs		Date of Disbursement MM/DD/YYYY 07/17/2014
Mailing Address 9251 South Orange Blossom Trl.		Amount of Each Disbursement this Period 65200
City ORLANDO	State FL	
Zip Code 32837	Purpose of Disbursement Political Signs	Category/ Type
Candidate Name Peter A. Vivaldi	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: FL District:

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

FROM: HUD: ONNS

**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 OF

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

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NAME OF COMMITTEE (In Full)
PETER VIVALDI FOR CONGRESS

A. Full Name (Last, First, Middle Initial) **EL SOL MEDIA CORP**

Mailing Address **P.O. Box 450946**

City **KISSIMMEE** State **FL** Zip Code **34745**

Purpose of Disbursement **Political Advertisement**

Candidate Name **Peter A. Vivaldi**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **FL** District:

Date of Disbursement **07 28 2014**

Amount of Each Disbursement this Period **40000**

B. Full Name (Last, First, Middle Initial) **SUNTRUST BANK**

Mailing Address **13508 Summerport Village Pkwy**

City **WINDERMERE** State **FL** Zip Code **34786**

Purpose of Disbursement **Bank Fees**

Candidate Name **Peter A. Vivaldi**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **FL** District:

Date of Disbursement **07 31 2014**

Amount of Each Disbursement this Period **1200**

C. Full Name (Last, First, Middle Initial) **ORLANDO REPUBLICAN WOMEN'S NETWORK**

Mailing Address **P.O. Box 533072**

City **ORLANDO** State **FL** Zip Code **32853**

Purpose of Disbursement **Political Fundraiser**

Candidate Name **Peter A. Vivaldi**

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: **FL** District:

Date of Disbursement **08 04 2014**

Amount of Each Disbursement this Period **2400**

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

148800

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Federal Election Commission
999 E Street - N.W.
Washington DC 20463

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<input type="checkbox"/> Priority Mail	<input type="checkbox"/> Military Postage	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Postage	Scheduled Delivery Date (MM/DD/YY)	Employee Signature	
\$	8-22		
Insurance Fee	Scheduled Delivery Time	Delivery Attempt (MM/DD/YY)	Time
\$	<input type="checkbox"/> 10:30 AM <input type="checkbox"/> 3:00 PM	<input type="checkbox"/> AM	<input type="checkbox"/> PM
Return Receipt Fee	<input type="checkbox"/> 7:00 AM <input type="checkbox"/> 10:00 AM Delivery Fee	Employee Signature	
\$			
Live Animal Transportation Fee	Weight	Employee Signature	
\$	1.57 lbs. ozs.		
Total Postage & Fees	Rate		
\$ 19.99	\$		
	Sunday/Holiday Premium Fee		
	\$		
	Acceptance/Employee Initials		

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