

# 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 GARCIA COMMITTEE**

ADDRESS (number and street) 5948 SW 112 DRIVE  
 Check if different than previously reported. (ACC) COOPER CITY FL 33330

2. **FEC IDENTIFICATION NUMBER** C C00547760 3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY STATE ZIP CODE STATE DISTRICT  
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 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 M M / D D / Y Y Y Y 01 / 01 / 2014 through M M / D D / Y Y Y Y 03 / 31 / 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 Jose A Riesco  
Signature of Treasurer Jose A Riesco *[Electronically Filed]* Date M M / D D / Y Y Y Y 04 / 15 / 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.

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**JUAN GARCIA COMMITTEE**

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))....	37571.35	46592.44
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	37571.35	46592.44
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	27199.68	31363.32
(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)).....	27199.68	31363.32
8. Cash on Hand at Close of Reporting Period (from Line 27).....	15229.12	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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 GARCIA COMMITTEE**

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).....	19381.35	23131.35
(ii) Unitemized.....	18190.00	23461.09
(iii) TOTAL of contributions from individuals ▶	37571.35	46592.44
(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))..	37571.35	46592.44
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)..... ▶	37571.35	46592.44

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	27199.68	31363.32
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	0.00
(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	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	27199.68	31363.32

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	4857.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	37571.35
25. SUBTOTAL (add Line 23 and Line 24).....	42428.80
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	27199.68
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	15229.12

**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 28
	<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	

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 GARCIA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**RUBEN ARVELO**

Mailing Address 13155 SW 134 ST, STE 220

City MIAMI State FL Zip Code 33186

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

Name of Employer SELF EMPLOYED Occupation SELF EMPLOYED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 25 / 2014

**Transaction ID : SA11AI.4634**

Amount of Each Receipt this Period  
 400.00

**B.** Full Name (Last, First, Middle Initial)  
**ROBERT F CAMPBELL**

Mailing Address PO BOX11390

City MIDLAND State TX Zip Code 79702

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

Name of Employer SELF EMPLOYED Occupation SELF EMPLOYED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 11 / 2014

**Transaction ID : SA11AI.4831**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**ALFONSO CORDERO**

Mailing Address 8025 NW 36 ST, STE 302

City MIAMI State FL Zip Code 33166

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

Name of Employer CORDERO CPA Occupation CPA

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 20 / 2014

**Transaction ID : SA11AI.4619**

Amount of Each Receipt this Period  
 750.00

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

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

1400.00

**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 28
	<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 GARCIA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Paul De Cleva**

Mailing Address 500 N Akard St Ste 3540

City Dallas State TX Zip Code 75201

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

Name of Employer PAUL DE CLEVA INC Occupation SELF EMPLOYED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.7190**

Amount of Each Receipt this Period  
250.00

DONATION

**B.** Full Name (Last, First, Middle Initial)  
**RUBEN DELGADO**

Mailing Address 19551 SHERIDAN ST

City PEMBROKE PINES State FL Zip Code 33332

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

Name of Employer BELLA FAMILY DENTAL Occupation MANAGER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 17 / 2014

**Transaction ID : SA11AI.4611**

Amount of Each Receipt this Period  
400.00

**C.** Full Name (Last, First, Middle Initial)  
**LUCIANO DIAZ**

Mailing Address 5424 SW 131 TERRACE

City MIRAMAR State FL Zip Code 33027

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

Name of Employer SELF EMPLOYED Occupation SELF EMPLOYED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 23 / 2014

**Transaction ID : SA11AI.4622**

Amount of Each Receipt this Period  
500.00

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

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

1150.00

**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 28
	<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 GARCIA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**MARCOS DIAZ**

Mailing Address 235 LANDINGS BLVD

City WESTON State FL Zip Code 33327

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

Name of Employer DR MARCOS DIAZ, DDS Occupation DENTIST

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.4579**

Amount of Each Receipt this Period  
 750.00

**B.** Full Name (Last, First, Middle Initial)  
**REV LUIS A DIAZ**

Mailing Address PO BOX 832022

City MIAMI State FL Zip Code 33283

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

Name of Employer DIAZ-PABON Occupation PASTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 26 / 2014

**Transaction ID : SA11AI.4583**

Amount of Each Receipt this Period  
 1000.00

**C.** Full Name (Last, First, Middle Initial)  
**DANI DRIGGS**

Mailing Address 3034 NW 13 ST

City MIAMI State FL Zip Code 33125

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

Name of Employer SELF EMPLOYED Occupation ENTERTAINMENT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 15 / 2014

**Transaction ID : SA11AI.4609**

Amount of Each Receipt this Period  
 400.00

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

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

2150.00

**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 28
	<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 GARCIA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**CHRISTINA FECHT**

Mailing Address 1380 SEABAY RD

City WESTON State FL Zip Code 33326

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

Name of Employer TRINITY BUSINESS SOLUTIONS LLC Occupation CONSULTANT

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **250.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 02 / 2014**

**Transaction ID : SA11AI.4589**

Amount of Each Receipt this Period  
**250.00**

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

Mailing Address PO BOX 398066

City MIAMI BEACH State FL Zip Code 33229

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

Name of Employer NEWSTAR REALTY INC Occupation REALTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **800.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 10 / 2014**

**Transaction ID : SA11AI.4566**

Amount of Each Receipt this Period  
**750.00**

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

Mailing Address 100 SW 130th Terrace #205

City Pembroke Pines State FL Zip Code 33027

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

Name of Employer AUDITORIO DE LA FE Occupation PASTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date **247.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 24 / 2014**

**Transaction ID : SA11AI.4646**

Amount of Each Receipt this Period  
**75.00**

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

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

**1075.00**



**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 28
	<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 GARCIA COMMITTEE**

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

Mailing Address 100 SW 130th Terrace  
#205

City State Zip Code  
Pembroke Pines FL 33027

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

Name of Employer Occupation  
AUDITORIO DE LA FE PASTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
290.96

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2014

**Transaction ID : SA11AI.4648**

Amount of Each Receipt this Period  
43.96

In-kind - CAMPAIGN SUPPLIES

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

Mailing Address 100 SW 130th Terrace  
#205

City State Zip Code  
Pembroke Pines FL 33027

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

Name of Employer Occupation  
AUDITORIO DE LA FE PASTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
333.35

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 25 / 2014

**Transaction ID : SA11AI.4650**

Amount of Each Receipt this Period  
42.39

In-kind - MEALS FOR CAMPAIGN VOLUNTEERS

**C.** Full Name (Last, First, Middle Initial)  
**ROBERT M GARDINER**

Mailing Address PO BOX 265

City State Zip Code  
FAR HILLS NJ 07931

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
M M / D D / Y Y Y Y  
02 / 26 / 2014

**Transaction ID : SA11AI.4839**

Amount of Each Receipt this Period  
500.00

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

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

586.35

**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 28
	<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 GARCIA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**JUAN GODERICH**

Mailing Address 15606 SW 111 TERR

City MIAMI State FL Zip Code 33196

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

Name of Employer SELF EMPLOYED Occupation CUSTOMS BROKER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 03 / 2014

**Transaction ID : SA11AI.4488**

Amount of Each Receipt this Period  
300.00

**B.** Full Name (Last, First, Middle Initial)  
**DOUGLAS E JOHNSTONE**

Mailing Address 3211 S. OCEAN BLVD APT 1001

City HIGHLAND BEACH State FL Zip Code 33487

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

Name of Employer SELF EMPLOYED Occupation MUSICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 24 / 2014

**Transaction ID : SA11AI.6863**

Amount of Each Receipt this Period  
50.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**LINDA KENDALL**

Mailing Address 50 CLUB HOUSE RD.

City KEY LARGO State FL Zip Code 33037

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 01 / 28 / 2014

**Transaction ID : SA11AI.4701**

Amount of Each Receipt this Period  
500.00

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

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

850.00

**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 11 OF 28
	<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 GARCIA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**Liborio Maldonado**

Mailing Address 1273 NW 171 Terrace

City State Zip Code  
Pembroke Pines FL 33028

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 21 / 2014

**Transaction ID : SA11AI.4575**

Amount of Each Receipt this Period  
150.00

**B.** Full Name (Last, First, Middle Initial)  
**JESUS NAVARRO**

Mailing Address 14060 NW 82ND AVE

City State Zip Code  
MIAMI LAKES FL 33016

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

Name of Employer Occupation  
AMUSEMENT OWNER

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 19 / 2014

**Transaction ID : SA11AI.4498**

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
**Dr. EDWIN L ORTIZ**

Mailing Address 19620 PINES BLVD, STE 220

City State Zip Code  
PEMBROKE PINES FL 33029

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

Name of Employer Occupation  
ADFE PASTOR

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
300.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 03 / 2014

**Transaction ID : SA11AI.4591**

Amount of Each Receipt this Period  
300.00

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

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

950.00

**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 12 OF 28
	<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 GARCIA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**JASMINE ORTIZ BATIR**

Mailing Address 1224 GINGER CIRCLE

City WESTON State FL Zip Code 33326

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

Name of Employer OMS ASSOCIATES Occupation FRONT DESK SECRETARY

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 08 / 2014

**Transaction ID : SA11AI.4516**

Amount of Each Receipt this Period  
 1000.00

**B.** Full Name (Last, First, Middle Initial)  
**William Propst**

Mailing Address 517 Adams St SE

City Huntsville State AL Zip Code 35801

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

Name of Employer RETIRED Occupation RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.6987**

Amount of Each Receipt this Period  
 1000.00

DONATION

**C.** Full Name (Last, First, Middle Initial)  
**HANDELL PUERTAS**

Mailing Address 7812 NW 197 ST

City HIALEAH State FL Zip Code 33015

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

Name of Employer STAR AUTO TECHS Occupation AUTO TECHNICIAN

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 03 / 2014

**Transaction ID : SA11AI.4479**

Amount of Each Receipt this Period  
 500.00

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

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

2500.00

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

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

FOR LINE NUMBER: PAGE 13 OF 28  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**JUAN GARCIA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**EDWIN RIVERO**

Mailing Address 6218 JOHNSON ST

City State Zip Code  
HOLLYWOOD FL 33024

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

Name of Employer Occupation  
ALL RISK INSURANCE & TAGS INSURANCE AGENT

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
400.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 24 / 2014

**Transaction ID : SA11AI.4502**

Amount of Each Receipt this Period  
400.00

**B.** Full Name (Last, First, Middle Initial)  
**EDWIN RIVERO**

Mailing Address 6218 JOHNSON ST

City State Zip Code  
HOLLYWOOD FL 33024

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

Name of Employer Occupation  
ALL RISK INSURANCE & TAGS INSURANCE AGENT

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
420.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 10 / 2014

**Transaction ID : SA11AI.4565**

Amount of Each Receipt this Period  
20.00

**C.** Full Name (Last, First, Middle Initial)  
**MICHAEL RODRIGUEZ**

Mailing Address 11254 NW 53RD LANE

City State Zip Code  
DORAL FL 33178

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 03 / 2014

**Transaction ID : SA11AI.4484**

Amount of Each Receipt this Period  
350.00

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

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

770.00

**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 14 OF 28
	<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 GARCIA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STEVE ROSEN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address 2090 SW 71ST TERRACE, G9		<b>Transaction ID : SA11AI.4556</b>	
City State Zip Code DAVIE FL 33317	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation STEVE ROSEN DDS DENTIST		
Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2600.00		

Full Name (Last, First, Middle Initial) <b>B. STEVE ROSEN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 10 / 2014	
Mailing Address 2090 SW 71ST TERRACE, G9		<b>Transaction ID : SA11AI.4558</b>	
City State Zip Code DAVIE FL 33317	Amount of Each Receipt this Period 2600.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation STEVE ROSEN DDS DENTIST		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5200.00		

Full Name (Last, First, Middle Initial) <b>C. MARK SILVERMAN</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 25 / 2014	
Mailing Address 9817 SW 111 TERR		<b>Transaction ID : SA11AI.4627</b>	
City State Zip Code MIAMI FL 33176	Amount of Each Receipt this Period 1250.00		
FEC ID number of contributing federal political committee. C	Name of Employer Occupation SILVERMAN CHIRO SELF EMPLOYED		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6450.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

**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 15 OF 28
	<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 GARCIA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**ANTONIO ULLOA**

Mailing Address 370 SW 190 AVE

City State Zip Code  
PEMBROKE PINES FL 33029

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

Name of Employer Occupation  
ULLOA GROUP INTER SELF EMPLOYED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**700.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 23 / 2014**

**Transaction ID : SA11AI.4621**

Amount of Each Receipt this Period  
**500.00**

**B.** Full Name (Last, First, Middle Initial)  
**HECTOR VALDES**

Mailing Address 11251 NW 48 TERRACE

City State Zip Code  
DORAL FL 33178

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

Name of Employer Occupation  
SELF EMPLOYED SELF EMPLOYED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**500.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**01 / 31 / 2014**

**Transaction ID : SA11AI.4445**

Amount of Each Receipt this Period  
**500.00**

**C.** Full Name (Last, First, Middle Initial)  
**Nelly Valencia**

Mailing Address 4011 W. Flagler Street  
Suite 201

City State Zip Code  
Coral Gables FL 33134

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

Name of Employer Occupation  
Self-Employed Dentist

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
**750.00**

Date of Receipt  
 M M / D D / Y Y Y Y  
**03 / 21 / 2014**

**Transaction ID : SA11AI.4576**

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 16 OF 28
	<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 GARCIA COMMITTEE**

**A.** Full Name (Last, First, Middle Initial)  
**JUDITH WELKER**

Mailing Address 10155 GROVE LN

City State Zip Code  
COOPER CITY FL 33328

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

Name of Employer Occupation  
RETIRED RETIRED

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
350.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 07 / 2014

**Transaction ID : SA11AI.4597**

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

19381.35



**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 28			
	<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 GARCIA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. AMT TELECOM</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address PO BOX 830210		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.4654</b>
City MIAMI State FL Zip Code 33283	Purpose of Disbursement PHONE CABLE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. COLORTREE GROUP INC</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 23 / 2014
Mailing Address 8000 VILLA PARK DR		Amount of Each Disbursement this Period 1010.88 <b>Transaction ID : SB17.7200</b>
City RICHMOND State VA Zip Code 23228	Purpose of Disbursement PRINTING AND MAILER	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. COMCAST</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address PO BOX 530098		Amount of Each Disbursement this Period 106.82 <b>Transaction ID : SB17.4656</b>
City ATLANTA State GA Zip Code 30353	Purpose of Disbursement UTILITIES	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1517.70
<b>TOTAL</b> 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 28			
	<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 GARCIA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. COSTCO</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 15915 PINES BLVD		Amount of Each Disbursement this Period 31.74
City PEMBROKE PINES	State FL	
Zip Code 33027	Purpose of Disbursement HQ INAUGURATION SUPPLIES	Transaction ID : SB17.4672
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. ELFI T SHIRTS AND MORE</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 141 RIVERWALK CIR		Amount of Each Disbursement this Period 652.96
City SUNRISE	State FL	
Zip Code 33326	Purpose of Disbursement CAMPAIGN T-SHIRTS	Transaction ID : SB17.4463
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Carlos E. Ferreira</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 05 / 2014
Mailing Address 100 SW 130th Terrace #205		Amount of Each Disbursement this Period 700.00
City Pembroke Pines	State FL	
Zip Code 33027	Purpose of Disbursement REIMBURSEMENT- FUNDRAISER MEALS	Transaction ID : SB17.4526
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1384.70
<b>TOTAL</b> 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 28	
	<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 GARCIA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. Carlos E. Ferreira</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 100 SW 130th Terrace #205		Amount of Each Disbursement this Period 43.96
City Pembroke Pines	State FL	
Zip Code 33027	Purpose of Disbursement In-kind - CAMPAIGN SUPPLIES	Transaction ID : SB17.4649
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Carlos E. Ferreira</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2014
Mailing Address 100 SW 130th Terrace #205		Amount of Each Disbursement this Period 42.39
City Pembroke Pines	State FL	
Zip Code 33027	Purpose of Disbursement In-kind - MEALS FOR CAMPAIGN VOLUNTEERS	Transaction ID : SB17.4651
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. FPL</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 22 / 2014
Mailing Address 14250 SW 112TH ST		Amount of Each Disbursement this Period 237.00
City MIAMI	State FL	
Zip Code 33186	Purpose of Disbursement UTILITIES	Transaction ID : SB17.4461
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	323.35
<b>TOTAL</b> 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 28			
	<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 GARCIA COMMITTEE**

Full Name (Last, First, Middle Initial)		Date of Disbursement											
A. FPL		<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>02</td> <td></td> <td>10</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		10		2014
M M	/	D D	/	Y Y Y Y									
02		10		2014									
Mailing Address 14250 SW 112TH ST		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>MIAMI</td> <td>FL</td> <td>33186</td> </tr> </table>		City	State	Zip Code	MIAMI	FL	33186	<table border="1"> <tr> <td>18.32</td> </tr> </table>		18.32			
City	State	Zip Code											
MIAMI	FL	33186											
18.32													
Purpose of Disbursement UTILITIES		Transaction ID : SB17.4529											
Candidate Name		Category/Type											
Office Sought:	Disbursement For: 2014												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<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. FPL		<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>02</td> <td></td> <td>20</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	02		20		2014
M M	/	D D	/	Y Y Y Y									
02		20		2014									
Mailing Address 14250 SW 112TH ST		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>MIAMI</td> <td>FL</td> <td>33186</td> </tr> </table>		City	State	Zip Code	MIAMI	FL	33186	<table border="1"> <tr> <td>18.32</td> </tr> </table>		18.32			
City	State	Zip Code											
MIAMI	FL	33186											
18.32													
Purpose of Disbursement UTILITIES		Transaction ID : SB17.4547											
Candidate Name		Category/Type											
Office Sought:	Disbursement For:												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:													

Full Name (Last, First, Middle Initial)		Date of Disbursement											
C. FPL		<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>03</td> <td></td> <td>27</td> <td></td> <td>2014</td> </tr> </table>		M M	/	D D	/	Y Y Y Y	03		27		2014
M M	/	D D	/	Y Y Y Y									
03		27		2014									
Mailing Address 14250 SW 112TH ST		Amount of Each Disbursement this Period											
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>MIAMI</td> <td>FL</td> <td>33186</td> </tr> </table>		City	State	Zip Code	MIAMI	FL	33186	<table border="1"> <tr> <td>25.16</td> </tr> </table>		25.16			
City	State	Zip Code											
MIAMI	FL	33186											
25.16													
Purpose of Disbursement UTILITIES		Transaction ID : SB17.4681											
Candidate Name		Category/Type											
Office Sought:	Disbursement For: 2014												
<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)												
State: District:													

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	61.80
<b>TOTAL</b> 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 21 OF 28			
	<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 GARCIA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. JUAN GARCIA</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 06 / 2014
Mailing Address 5948 SW 112 DR		Amount of Each Disbursement this Period 294.00 <b>Transaction ID : SB17.4471</b>
City COOPER CITY	State FL	
Zip Code 33300	Purpose of Disbursement REIMBURSEMENT- KICKOFF EVENT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. JUAN GARCIA</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 5948 SW 112 DR		Amount of Each Disbursement this Period 500.00 <b>Transaction ID : SB17.4474</b>
City COOPER CITY	State FL	
Zip Code 33300	Purpose of Disbursement CAMPAIGN EVENT FURNITURE DEPOSIT	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. GIOVANNI'S LATIN CAFE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 24 / 2014
Mailing Address 17864 NW 2ND ST		Amount of Each Disbursement this Period 218.38 <b>Transaction ID : SB17.4544</b>
City PEMBROKE PINES	State FL	
Zip Code 33029	Purpose of Disbursement FUNDRAISER DINNER	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1012.38
<b>TOTAL</b> 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 22 OF 28	
	<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 GARCIA COMMITTEE**

**A. GLOBAL PAYMENTS**

Full Name (Last, First, Middle Initial)  
Mailing Address 10705 RED RUN BLVD

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 28 / 2014

Amount of Each Disbursement this Period: 54.02

Transaction ID : SB17.7207

**B. GLOBAL PAYMENTS**

Full Name (Last, First, Middle Initial)  
Mailing Address 10705 RED RUN BLVD

City ROCKVILLE State MD Zip Code 20855

Purpose of Disbursement TRANSACTION FEES

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 03 / 25 / 2014

Amount of Each Disbursement this Period: 50.90

Transaction ID : SB17.7211

**C. HSP DIRECT**

Full Name (Last, First, Middle Initial)  
Mailing Address 13755 SUNRISE VALLEY DR, STE 450

City HERNDON State VA Zip Code 20171

Purpose of Disbursement DIRECT MAIL FUNDRAISING

Candidate Name

Office Sought:  House  Senate  President

Disbursement For: 2014  Primary  General  Other (specify)

State: District:

Date of Disbursement: 02 / 07 / 2014

Amount of Each Disbursement this Period: 2892.87

Transaction ID : SB17.7206

**SUBTOTAL** of Disbursements This Page (optional) ..... 2997.79

**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 23 OF 28			
	<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 GARCIA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. HSP DIRECT</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 13755 SUNRISE VALLEY DR, STE 450		Amount of Each Disbursement this Period 800.00
City HERNDON	State VA	
Zip Code 20171	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<b>Transaction ID : SB17.7209</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. HSP DIRECT</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 13 / 2014
Mailing Address 13755 SUNRISE VALLEY DR, STE 450		Amount of Each Disbursement this Period 2100.00
City HERNDON	State VA	
Zip Code 20171	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<b>Transaction ID : SB17.7210</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. HSP DIRECT</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 27 / 2014
Mailing Address 13755 SUNRISE VALLEY DR, STE 450		Amount of Each Disbursement this Period 7926.31
City HERNDON	State VA	
Zip Code 20171	Purpose of Disbursement DIRECT MAIL FUNDRAISING	<b>Transaction ID : SB17.7213</b>
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10826.31
<b>TOTAL</b> 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 24 OF 28			
	<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 GARCIA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. YAMILETH MARTINEZ</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2014
Mailing Address 13580 NW 4TH ST		Amount of Each Disbursement this Period 213.18 <b>Transaction ID : SB17.4475</b>
City PEMBROKE PINES	State FL	
Zip Code 33028	Purpose of Disbursement CAMPAIGN EVENT SUPPLIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. NEXOLOGY</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 26 / 2014
Mailing Address 2121 PONCE DE LEON BLVD, STE 200		Amount of Each Disbursement this Period 324.13 <b>Transaction ID : SB17.4657</b>
City CORAL GABLES	State FL	
Zip Code 33134	Purpose of Disbursement UTILITIES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. PAYPAL</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2014
Mailing Address 2211 N 1ST STREET		Amount of Each Disbursement this Period 173.81 <b>Transaction ID : SB17.4682</b>
City SAN JOSE	State CA	
Zip Code 95131	Purpose of Disbursement TRANSACTION FEES	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	711.12
<b>TOTAL</b> 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 25 OF 28	
	<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 GARCIA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. ROSAX OFFICE FURNITURE</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 10 / 2014
Mailing Address 7361 NW 78TH ST		Amount of Each Disbursement this Period 309.60 <b>Transaction ID : SB17.4527</b>
City MIAMI State FL Zip Code 33166	Purpose of Disbursement CAMPAIGN OFFICE FURNITURE	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. STEVE ROSEN</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 2090 SW 71ST TERRACE, G9		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB17.4659</b>
City DAVIE State FL Zip Code 33317	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. STEVE ROSEN</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2014
Mailing Address 2090 SW 71ST TERRACE, G9		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB17.4660</b>
City DAVIE State FL Zip Code 33317	Purpose of Disbursement CONTRIBUTION REFUND	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	5509.60
<b>TOTAL</b> 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 26 OF 28	
	<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 GARCIA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. STICKERSBANNERS.COM</b>		Date of Disbursement M M / D D / Y Y Y Y <b>03 / 04 / 2014</b>
Mailing Address <b>3741 VENTURE DR, STE 335</b>		Amount of Each Disbursement this Period <b>380.00</b> <b>Transaction ID : SB17.4666</b>
City <b>DULUTH</b> State <b>GA</b> Zip Code <b>30096</b>	Purpose of Disbursement <b>BUMPER STICKER</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. TRADEMARK GRAPHICS</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 28 / 2014</b>
Mailing Address <b>2030 NW 93RD AVE</b>		Amount of Each Disbursement this Period <b>243.80</b> <b>Transaction ID : SB17.4532</b>
City <b>PEMBROKE PINES</b> State <b>FL</b> Zip Code <b>33024</b>	Purpose of Disbursement <b>CAMPAIGN CARDS</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WALMART</b>		Date of Disbursement M M / D D / Y Y Y Y <b>02 / 25 / 2014</b>
Mailing Address <b>12800 PINES BLVD</b>		Amount of Each Disbursement this Period <b>55.39</b> <b>Transaction ID : SB17.4546</b>
City <b>PEMBROKE PINES</b> State <b>FL</b> Zip Code <b>33029</b>	Purpose of Disbursement <b>CAMPAIGN SUPPLIES</b>	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>679.19</b>
<b>TOTAL</b> 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 27 OF 28			
	<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 GARCIA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. WALMART</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 03 / 2014
Mailing Address 12800 PINES BLVD		Amount of Each Disbursement this Period 61.10
City PEMBROKE PINES	State FL	
Zip Code 33029	Purpose of Disbursement HEADQUARTER CAMPAIGN SUPPLIES	Transaction ID : SB17.4665
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WALMART</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 12800 PINES BLVD		Amount of Each Disbursement this Period 208.40
City PEMBROKE PINES	State FL	
Zip Code 33029	Purpose of Disbursement CHAIRS FOR CALL CENTER	Transaction ID : SB17.4668
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. WALMART</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2014
Mailing Address 12800 PINES BLVD		Amount of Each Disbursement this Period 51.03
City PEMBROKE PINES	State FL	
Zip Code 33029	Purpose of Disbursement HQ INAUGURATION APPETIZERS	Transaction ID : SB17.4671
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	320.53
<b>TOTAL</b> 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 28 OF 28			
	<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 GARCIA COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. WALMART</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2014
Mailing Address 12800 PINES BLVD		Amount of Each Disbursement this Period 8.33
City PEMBROKE PINES	State FL	
Zip Code 33029	Purpose of Disbursement HQ INAUGURATION SUPPLIES	Transaction ID : SB17.4673
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. WALMART</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 10 / 2014
Mailing Address 12800 PINES BLVD		Amount of Each Disbursement this Period 27.24
City PEMBROKE PINES	State FL	
Zip Code 33029	Purpose of Disbursement HQ INAUGURATION DRINKS	Transaction ID : SB17.4678
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</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	Transaction ID
Candidate Name	Category/Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	35.57
<b>TOTAL</b> This Period (last page this line number only).....	25380.04