

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

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Office Use Only

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1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
PETER VIVALDI FOR CONGRESS

ADDRESS (number and street) 11555 LAKE UNDERHILL ROAD
Check if different than previously reported. (ACC) ORLANDO FL 32822-

2. FEC IDENTIFICATION NUMBER C 00546531
3. IS THIS REPORT NEW OR AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
FL 09

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports:
[X] April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
Termination Report (TER)

(b) 12-Day PRE-Election Report for the:
Primary (12P) General (12G) Runoff (12R)
Convention (12C) Special (12S)
Election on MM/DD/YYYY in the State of

(c) 30-Day POST-Election Report for the:
General (30G) Runoff (30R) Special (30S)
Election on MM/DD/YYYY in the State of

5. Covering Period 01/01/2014 through 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 CARLOS A. THILLET

Signature of Treasurer [Signature] Date 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.

Office Use Only table with 8 columns and 1 row. FEC FORM 3 (Revised 02/2003)

14031230375

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

PETER IIVALLI FOR CONGRESS

Report Covering the Period:

From:

01'01'2014

To:

03'31'2014

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))....

4,020.00

24,670.00

(b) Total Contribution Refunds  
(from Line 20(d)).....

0.00

600.00

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)).....

4,020.00

24,070.00

7. Net Operating Expenditures

(a) Total Operating Expenditures  
(from Line 17).....

4,408.00

26,782.07

(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)).....

4,408.00

26,782.07

8. Cash on Hand at Close of  
Reporting Period (from Line 27).....

1,103.93

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

14031230376

**DETAILED SUMMARY PAGE  
of Receipts**

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

*Peter Vivaldi For Congress*

Report Covering the Period: From: <sup>M M ' D D ' Y Y Y Y</sup> *01 01 2014* To: <sup>M M ' D D ' Y Y Y Y</sup> *03 31 2014*

**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).....

*4,020.00*

*24,670.00*

(ii) Unitemized.....

*0.00*

*3,816.00*

(iii) TOTAL of contributions from individuals ▶

*4,020.00*

*28,486.00*

(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))..

*4,020.00*

*28,486.00*

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)..... ▶

*4,020.00*

*28,486.00*

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**DETAILED SUMMARY PAGE**  
of Disbursements

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

|  |          |           |
|--|----------|-----------|
| 17. OPERATING EXPENDITURES.....  | 4,408.00 | 26,782.07 |
| 18. TRANSFERS TO OTHER<br>AUTHORIZED COMMITTEES .....                  | 0.00     | 0.00      |
| 19. LOAN REPAYMENTS:   |          |           |
| (a) Of Loans Made or Guaranteed<br>by the Candidate.....               | 0.00     | 0.00      |
| (b) Of All Other Loans .....   | 0.00     | 0.00      |
| (c) TOTAL LOAN REPAYMENTS<br>(add Lines 19(a) and (b)).....            | 0.00     | 0.00      |
| 20. REFUNDS OF CONTRIBUTIONS TO:                                       |          |           |
| (a) Individuals/Persons Other<br>Than Political Committees .....       | 0.00     | 600.00    |
| (b) Political Party Committees.....                                    | 0.00     | 0.00      |
| (c) Other Political Committees<br>(such as PACs).....                  | 0.00     | 0.00      |
| (d) TOTAL CONTRIBUTION REFUNDS<br>(add Lines 20(a), (b), and (c))..... | 0.00     | 600.00    |
| 21. OTHER DISBURSEMENTS .....  | 0.00     | 0.00      |
| 22. TOTAL DISBURSEMENTS<br>(add Lines 17, 18, 19(c), 20(d), and 21) ▶  | 4,408.00 | 27,382.07 |

**III. CASH SUMMARY**

|   |          |
|---|----------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....                                | 1,491.93 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....                            | 4,020.00 |
| 25. SUBTOTAL (add Line 23 and Line 24).....   | 5,511.93 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....                               | 4,408.00 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD<br>(subtract Line 26 from Line 25)..... | 1,103.93 |

14031230378

**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<br>12 | <input type="checkbox"/> 11b<br>13a | <input type="checkbox"/> 11c<br>13b | <input type="checkbox"/> 11d<br>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) *Peter Vivaldi For Congress*

A. Full Name (Last, First, Middle Initial) *Gallo, Angela*

Mailing Address *6790 Edgewater Commerce Plaza*

City *Orlando* State *FL* Zip Code *32810*

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

Name of Employer *Staph Clothing* Occupation *Owner*

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date *2,600.00*

Date of Receipt *03' 31' 2014*

Amount of Each Receipt this Period *2,600.00*  
*In-kind - T-shirts*

B. Full Name (Last, First, Middle Initial) *ORTEGA, GUSTAVO*

Mailing Address *11905 Sandy Knoll Apt 1023*

City *ORLANDO* State *FL* Zip Code *32825*

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

Name of Employer *Gustavo Ortega Productions* Occupation *Owner*

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date *1,000.00*

Date of Receipt *03' 25' 2014*

Amount of Each Receipt this Period *1,000.00*  
*In-kind photography*

C. Full Name (Last, First, Middle Initial) *Hernandez, OMAR*

Mailing Address *13648 Foxglove St.*

City *Winter Garden* State *FL* Zip Code *34787*

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

Name of Employer *Omar Hernandez* Occupation *Owner*

Receipt For:  Primary  General  Other (specify)

Election Cycle-to-Date *420.00*

Date of Receipt *03' 06' 2014*

Amount of Each Receipt this Period *420.00*

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

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

*4,020.00*

14031230379

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

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

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NAME OF COMMITTEE (In Full)  
**Peter Vivaldi For Congress**

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Galbaly, Angela</b>   |   | Date of Disbursement<br>M M ' D D ' Y Y Y Y<br><b>03 ' 31 ' 2014</b> |
| Mailing Address<br><b>6790 Edgewater Commerce Pkwy</b>   |   | Amount of Each Disbursement this Period<br><b>2,600.00</b>           |
| City<br><b>ORLANDO</b>   | State<br><b>FL</b>  |  |
| Purpose of Disbursement<br><b>In-kind T-shirts</b>   |   | Category/<br>Type  |
| Candidate Name<br><b>Peter Vivaldi</b>   |   |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: <b>FL</b> District: <b>09</b>   |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. ORTEGA, GUSTAVO</b>   |   | Date of Disbursement<br>M M ' D D ' Y Y Y Y<br><b>03 ' 25 ' 2014</b> |
| Mailing Address<br><b>11905 SADDY KNOLL Apt. 1023</b>  |   | Amount of Each Disbursement this Period<br><b>1,000.00</b>           |
| City<br><b>ORLANDO</b>   | State<br><b>FL</b>  |  |
| Purpose of Disbursement<br><b>In-kind - Photography</b>  |   | Category/<br>Type  |
| Candidate Name<br><b>Peter Vivaldi</b>   |   |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: <b>FL</b> District: <b>09</b>   |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Engels, Jacob</b>   |   | Date of Disbursement<br>M M ' D D ' Y Y Y Y<br><b>01 ' 10 ' 2014</b> |
| Mailing Address<br><b>537 Loyola Cr. Unit 29203</b>  |   | Amount of Each Disbursement this Period<br><b>1,500.00</b>           |
| City<br><b>ORLANDO</b>   | State<br><b>FL</b>  |  |
| Purpose of Disbursement<br><b>Media Consulting</b>   |   | Category/<br>Type  |
| Candidate Name<br><b>Peter</b>   |   |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: <b>FL</b> District: <b>09</b>   |   |  |

|  |                 |
|--|-----------------|
| SUBTOTAL of Disbursements This Page (optional).....      | <b>3,750.00</b> |
| TOTAL This Period (last page this line number only)..... |                 |

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

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

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NAME OF COMMITTEE (In Full)  
*Peter Vivaldi For Congress*

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. <i>Engels, Jacob</i></b>  |   | Date of Disbursement<br>M M ' D D ' Y Y Y Y<br><i>01 ' 10 ' 2014</i> |
| Mailing Address<br><i>537 Loyola Cr Unit 29203</i>   |   | Amount of Each Disbursement this Period<br><i>100.00</i>             |
| City<br><i>Orlando</i>   | State<br><i>FL</i>  |  |
| Purpose of Disbursement<br><i>Media Consulting</i>   |   | Category/<br>Type  |
| Candidate Name<br><i>Peter Vivaldi</i>   |   |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: <i>FL</i> District: <i>09</i>   |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. <i>Engels, Jacob</i></b>  |   | Date of Disbursement<br>M M ' D D ' Y Y Y Y<br><i>01 ' 30 ' 2014</i> |
| Mailing Address<br><i>537 Loyola Cr Unit 29203</i>   |   | Amount of Each Disbursement this Period<br><i>200.00</i>             |
| City<br><i>Orlando</i>   | State<br><i>FL</i>  |  |
| Purpose of Disbursement<br><i>Media Consulting</i>   |   | Category/<br>Type  |
| Candidate Name<br><i>Peter Vivaldi</i>   |   |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: <i>FL</i> District: <i>09</i>   |   |  |

|  |   |  |
|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C. <i>Vivaldi, Peter</i></b>   |   | Date of Disbursement<br>M M ' D D ' Y Y Y Y<br><i>01 ' 06 ' 2014</i> |
| Mailing Address<br><i>6713 Thornhill Circle</i>  |   | Amount of Each Disbursement this Period<br><i>358.00</i>             |
| City<br><i>Windermere</i>  | State<br><i>FL</i>  |  |
| Purpose of Disbursement<br><i>Nationbuilder (Website Reimbursement)</i>  |   | Category/<br>Type  |
| Candidate Name<br><i>Peter Vivaldi</i>   |   |  |
| Office Sought:<br><input checked="" type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) |  |
| State: <i>FL</i> District: <i>09</i>   |   |  |

|  |                |
|--|----------------|
| SUBTOTAL of Disbursements This Page (optional).....      | <i>4408.00</i> |
| TOTAL This Period (last page this line number only)..... | <i>4408.00</i> |

14031230381

13 Thornhill Circle  
Merrillville, IN 46776

51250382

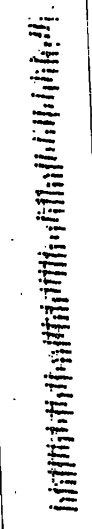


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PREPARER  
(8/2013)

4/24/14  
DATE PREPARED

58505715081