

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
JUAN ELIEL FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	4725.00	28165.11
(b) Total Contribution Refunds (from Line 20(d))	0.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4725.00	28065.11
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4139.50	27097.73
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	4139.50	27097.73
8. Cash on Hand at Close of Reporting Period (from Line 27).....	967.38	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	1539.64	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

JUAN ELIEL FOR CONGRESS

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

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

DETAILED SUMMARY PAGE
of Disbursements

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

III. CASH SUMMARY

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 11			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 11e
	12	13a	13b	14	15

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NAME OF COMMITTEE (In Full)
JUAN ELIEL FOR CONGRESS

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

Mailing Address 2613 Salomon Avenue
#202

City State Zip Code
Davie FL 33024

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

Name of Employer Occupation
Lizzie Lizzie Collector

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4573

Amount of Each Receipt this Period
300.00

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

Mailing Address 15257 SW 111th Street

City State Zip Code
Miami FL 33196

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

Name of Employer Occupation
ADPE Pastor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4570

Amount of Each Receipt this Period
50.00

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

Mailing Address 15257 SW 111th Street

City State Zip Code
Miami FL 33196

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

Name of Employer Occupation
ADPE Pastor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Transaction ID : SA11AI.4580

Amount of Each Receipt this Period
50.00

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

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

400.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
	<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 **635.00**

Date of Receipt
 M M / D D / Y Y Y Y
08 / 12 / 2012

Transaction ID : SA11AI.4583

Amount of Each Receipt this Period
25.00

B. Full Name (Last, First, Middle Initial)
Edwin Lemuel Ortiz

Mailing Address 4887 SW 183rd Avenue

City Miramar State FL Zip Code 33029

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

Name of Employer Univision Occupation Commentator

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **1500.00**

Date of Receipt
 M M / D D / Y Y Y Y
07 / 31 / 2012

Transaction ID : SA11AI.4494

Amount of Each Receipt this Period
1500.00

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

Mailing Address 670 Briarwood

City Davie State FL Zip Code 33325

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 **250.00**

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

Transaction ID : SA11AI.4575

Amount of Each Receipt this Period
250.00

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

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

1775.00

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

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NAME OF COMMITTEE (In Full)
JUAN ELIEL FOR CONGRESS

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

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 11			
	<input checked="" type="checkbox"/> 17 <input type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21	

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NAME OF COMMITTEE (In Full)
JUAN ELIEL FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement										
A. Ads Promobile		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>01</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	08		01		2012
M M M	/	D D D	/	Y Y Y Y Y								
08		01		2012								
Mailing Address 1183 W. 29 Street, Suite D		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Hialeah</td> <td>FL</td> <td>33012</td> </tr> </table>		City	State	Zip Code	Hialeah	FL	33012	<table border="1"> <tr> <td>1400.00</td> </tr> </table>	1400.00			
City	State	Zip Code										
Hialeah	FL	33012										
1400.00												
Purpose of Disbursement Advertising		Transaction ID : SB17.4599										
Candidate Name												
Office Sought: <table border="1"> <tr> <td><input type="checkbox"/> House</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>		<input type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	Category/Type							
<input type="checkbox"/> House												
<input type="checkbox"/> Senate												
<input type="checkbox"/> President												
Disbursement For: 2012 <table border="1"> <tr> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> General</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (specify)</td> </tr> </table>		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify)								
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General											
<input type="checkbox"/> Other (specify)												
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
B. Answers		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>01</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	08		01		2012
M M M	/	D D D	/	Y Y Y Y Y								
08		01		2012								
Mailing Address 6941 SW 196 Avenue Suite 4		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Pembroke Pines</td> <td>FL</td> <td>33332</td> </tr> </table>		City	State	Zip Code	Pembroke Pines	FL	33332	<table border="1"> <tr> <td>375.00</td> </tr> </table>	375.00			
City	State	Zip Code										
Pembroke Pines	FL	33332										
375.00												
Purpose of Disbursement Printing		Transaction ID : SB17.4602										
Candidate Name												
Office Sought: <table border="1"> <tr> <td><input type="checkbox"/> House</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>		<input type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	Category/Type							
<input type="checkbox"/> House												
<input type="checkbox"/> Senate												
<input type="checkbox"/> President												
Disbursement For: 2012 <table border="1"> <tr> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> General</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (specify)</td> </tr> </table>		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify)								
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General											
<input type="checkbox"/> Other (specify)												
State: District:												

Full Name (Last, First, Middle Initial)		Date of Disbursement										
c. Broward Sheriff's Office		<table border="1"> <tr> <td>M M M</td> <td>/</td> <td>D D D</td> <td>/</td> <td>Y Y Y Y Y</td> </tr> <tr> <td>08</td> <td></td> <td>07</td> <td></td> <td>2012</td> </tr> </table>	M M M	/	D D D	/	Y Y Y Y Y	08		07		2012
M M M	/	D D D	/	Y Y Y Y Y								
08		07		2012								
Mailing Address 3201 W. Hallandale Beach Blvd		Amount of Each Disbursement this Period										
<table border="1"> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Hollywood</td> <td>FL</td> <td>33023</td> </tr> </table>		City	State	Zip Code	Hollywood	FL	33023	<table border="1"> <tr> <td>222.00</td> </tr> </table>	222.00			
City	State	Zip Code										
Hollywood	FL	33023										
222.00												
Purpose of Disbursement Security Services		Transaction ID : SB17.4606										
Candidate Name												
Office Sought: <table border="1"> <tr> <td><input type="checkbox"/> House</td> </tr> <tr> <td><input type="checkbox"/> Senate</td> </tr> <tr> <td><input type="checkbox"/> President</td> </tr> </table>		<input type="checkbox"/> House	<input type="checkbox"/> Senate	<input type="checkbox"/> President	Category/Type							
<input type="checkbox"/> House												
<input type="checkbox"/> Senate												
<input type="checkbox"/> President												
Disbursement For: 2012 <table border="1"> <tr> <td><input checked="" type="checkbox"/> Primary</td> <td><input type="checkbox"/> General</td> </tr> <tr> <td colspan="2"><input type="checkbox"/> Other (specify)</td> </tr> </table>		<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General	<input type="checkbox"/> Other (specify)								
<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General											
<input type="checkbox"/> Other (specify)												
State: District:												

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 11			
	<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 07 / 30 / 2012
Mailing Address 141 NW 16 Street		Amount of Each Disbursement this Period 347.21
City Pompano Beach	State FL	
Zip Code 33060	Purpose of Disbursement Utilities	Transaction ID : SB17.4595
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

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

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

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 11			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JUAN ELIEL FOR CONGRESS

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

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

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

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 OF 11
	FOR LINE NUMBER: (check only one) <input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
JUAN ELIEL FOR CONGRESS

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Comcast	Nature of Debt (Purpose): Utilities
Mailing Address 141 NW 16 Street	
City State Zip Code Pompano Beach FL 33060	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4664	
Amount Incurred This Period 260.64	Payment This Period 0.00	Outstanding Balance at Close of This Period 260.64

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor R&D Printing	Nature of Debt (Purpose): Printing
Mailing Address 5751 Isles Circle	
City State Zip Code Tamarac FL 33321	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4666	
Amount Incurred This Period 454.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 454.00

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Riesco and Company, LLC	Nature of Debt (Purpose): Professional Fees
Mailing Address 95 Merrick Way Suite 250	
City State Zip Code Coral Gables FL 33134	

Outstanding Balance Beginning This Period 0.00	Transaction ID : SD10.4665	
Amount Incurred This Period 825.00	Payment This Period 0.00	Outstanding Balance at Close of This Period 825.00

1) SUBTOTALS This Period This Page (optional)	1539.64
2) TOTALS This Period (last page this line number only)	1539.64
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only).....	0.00
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	1539.64