

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼

Example: If typing, type over the lines.

12FE4M5

JUAN ELIEL FOR CONGRESS

ADDRESS (number and street)

PO BOX 297436

Check if different than previously reported. (ACC)

PEMBROKE PINES

FL

33029

2. **FEC IDENTIFICATION NUMBER** ▼

C C00506766

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

FL

23

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on 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

MM / DD / YYYY through MM / DD / YYYY
01 / 01 / 2012 through 03 / 31 / 2012

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

MM / DD / YYYY
10 / 15 / 2012

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office Use Only							
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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
JUAN ELIEL FOR CONGRESS

Report Covering the Period: From: / / 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))....	10825.00	13975.11
(b) Total Contribution Refunds (from Line 20(d))	100.00	100.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	10725.00	13875.11
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	7140.14	7861.82
(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)).....	7140.14	7861.82
8. Cash on Hand at Close of Reporting Period (from Line 27).....	6013.29	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

JUAN ELIEL FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	9300.00	12300.00
(ii) Unitemized.....	1525.00	1675.11
(iii) TOTAL of contributions from individuals ▶	10825.00	13975.11
(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))..	10825.00	13975.11
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)..... ▶	10825.00	13975.11

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7140.14	7861.82
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	100.00	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)).....	100.00	100.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	7240.14	7961.82

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	2428.43
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10825.00
25. SUBTOTAL (add Line 23 and Line 24).....	13253.43
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7240.14
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	6013.29

**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 13
	<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)
Dalcio L. Andujar

Mailing Address 18044 SW 29th Court

City Miramar State FL Zip Code 33029

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

Name of Employer EAD Financial Group Occupation Language Consultant

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 27 / 2012

Transaction ID : SA11AI.4212

Amount of Each Receipt this Period
 500.00

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

Mailing Address 4887 SW 183 Avenue

City Miramar State FL Zip Code 33029

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

Name of Employer Auditorio de la Fe, Inc. Occupation Office Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 12 / 2012

Transaction ID : SA11AI.4123

Amount of Each Receipt this Period
 2500.00

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

Mailing Address 8025 NW 36th Street Suite 302

City Miami State FL Zip Code 33166

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

Name of Employer Self-Employed Occupation CPA

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 24 / 2012

Transaction ID : SA11AI.4268

Amount of Each Receipt this Period
 2500.00

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

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

5500.00

**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 13
	<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) A. Carlos Ferreira		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 28 / 2012	
Mailing Address 15257 SW 111th Street		Transaction ID : SA11AI.4135	
City State Zip Code Miami FL 33196	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C	Name of Employer ADPE Occupation Pastor		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) B. Eugenio Figueroa		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 14 / 2012	
Mailing Address 1984 NW 179th Avenue		Transaction ID : SA11AI.4129	
City State Zip Code Pembroke Pines FL 33029	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C	Name of Employer ADPE Occupation President		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

Full Name (Last, First, Middle Initial) C. Elizabeth Maldonado		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 28 / 2012	
Mailing Address 1273 NW 171 Terrace		Transaction ID : SA11AI.4133	
City State Zip Code Pembroke Pines FL 33028	Amount of Each Receipt this Period _____ 500.00		
FEC ID number of contributing federal political committee. C	Name of Employer ADPE Occupation Insurance Billing		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 500.00		

SUBTOTAL of Receipts This Page (optional).....	_____ 1500.00
TOTAL This Period (last page this line number only).....	_____

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)
JUAN ELIEL FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
George Ochoa

Mailing Address 4451 E. Seneca Avenue

City Weston State FL Zip Code 33332

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

Name of Employer Self-Employed Occupation Web Designer

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 28 / 2012

Transaction ID : SA11AI.4137

Amount of Each Receipt this Period
 1000.00

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

Mailing Address PO Box 826642

City Pembroke Pines State FL Zip Code 33082

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

Name of Employer Self-Employed Occupation Event Coordinator

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 14 / 2012

Transaction ID : SA11AI.4131

Amount of Each Receipt this Period
 500.00

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

Mailing Address 9645 NW 1st Court #304

City Pembroke Pines State FL Zip Code 33024

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

Name of Employer All Risk Insurance & Tags Occupation Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 27 / 2012

Transaction ID : SA11AI.4208

Amount of Each Receipt this Period
 250.00

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

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

1750.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 13
	<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) Julia Rohena		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 28 / 2012
Mailing Address 15257 SW 111th Street		Transaction ID : SA11AI.4136
City Miami	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer N/A	Occupation Retired	Election Cycle-to-Date 1000.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial) Julia Rohena		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 27 / 2012
Mailing Address 15257 SW 111th Street		Transaction ID : SA11AI.4218
City Miami	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer N/A	Occupation Retired	Election Cycle-to-Date 1050.00
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y
Mailing Address		
City	State	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	Election Cycle-to-Date
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Receipts This Page (optional).....	550.00
TOTAL This Period (last page this line number only).....	9300.00

**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 9 OF 13
	<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. Chef Carlos Renta		Date of Disbursement M M / D D / Y Y Y Y 03 / 12 / 2012
Mailing Address 14229 SW 94 Circle Lane		Amount of Each Disbursement this Period 600.00 Transaction ID : SB17.4188
City Miami	State FL Zip Code 33186	
Purpose of Disbursement Catering	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) B. Comcast		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2012
Mailing Address 141 NW 16 Street		Amount of Each Disbursement this Period 401.53 Transaction ID : SB17.4180
City Pompano Beach	State FL Zip Code 33060	
Purpose of Disbursement Utilities	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

Full Name (Last, First, Middle Initial) C. D.P. Embroidery & Screen Print		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 14915 SW 52nd Street		Amount of Each Disbursement this Period 417.00 Transaction ID : SB17.4163
City Miramar	State FL Zip Code 33027	
Purpose of Disbursement T-Shirts	Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1418.53
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 13		
	<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. D.P. Embroidery & Screen Print		Date of Disbursement M M / D D / Y Y Y Y 02 / 23 / 2012
Mailing Address 14915 SW 52nd Street		Amount of Each Disbursement this Period 259.00 Transaction ID : SB17.4176
City Miramar State FL Zip Code 33027	Purpose of Disbursement T-Shirts	
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. Carlos Ferreira		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 15257 SW 111th Street		Amount of Each Disbursement this Period 131.41 Transaction ID : SB17.4171
City Miami State FL Zip Code 33196	Purpose of Disbursement Reimbursement - Deposit for CD & Copies (see memo entries)	
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. Carlos Ferreira		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2012
Mailing Address 15257 SW 111th Street		Amount of Each Disbursement this Period 384.39 Transaction ID : SB17.4183
City Miami State FL Zip Code 33196	Purpose of Disbursement Reimbursement - Printing & Supplies (see memo entries)	
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).....	774.80
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 13			
	<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. Avanze Corporation		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2012
Mailing Address PO Box 820097		Amount of Each Disbursement this Period 330.30
City South Florida	State FL	
Zip Code 33082	Purpose of Disbursement Printing of Flyers	Transaction ID : SB17.4183.1
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. Juan Eliel Garcia		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address PO Box 297436		Amount of Each Disbursement this Period 579.30
City Pembroke Pines	State FL	
Zip Code 33029	Purpose of Disbursement Reimbursement - Printing & Supplies (see memo entries)	Transaction ID : SB17.4166
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. Avanze Corporation		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address PO Box 820097		Amount of Each Disbursement this Period 398.81
City South Florida	State FL	
Zip Code 33082	Purpose of Disbursement Business Cards/Envelopes/Letterheads	Transaction ID : SB17.4166.1
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	579.30
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
JUAN ELIEL FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Juan Eliel Garcia		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address PO Box 297436		Amount of Each Disbursement this Period 41.00
City Pembroke Pines	State FL	
Zip Code 33029	Purpose of Disbursement Reimbursement - PO Box Rental (see memo entries)	Transaction ID : SB17.4169
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. Restrepo Group		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 1003 Shotgun Road		Amount of Each Disbursement this Period 2300.00
City Sunrise	State FL	
Zip Code 33326	Purpose of Disbursement Rent	Transaction ID : SB17.4157
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. Restrepo Group		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2012
Mailing Address 1003 Shotgun Road		Amount of Each Disbursement this Period 850.00
City Sunrise	State FL	
Zip Code 33326	Purpose of Disbursement Rent	Transaction ID : SB17.4178
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).....	3191.00
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 13 OF 13	
	<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. Rosax International, Inc.		Date of Disbursement M M / D D / Y Y Y Y 02 / 14 / 2012
Mailing Address 7361 NW 78th Street		Amount of Each Disbursement this Period 697.35
City Miami	State FL Zip Code 33166	
Purpose of Disbursement Furniture	Candidate Name	Transaction ID : SB17.4173
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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

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

SUBTOTAL of Disbursements This Page (optional).....	697.35
TOTAL This Period (last page this line number only).....	6660.98