



**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**MELENDEZ FOR CONGRESS**

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	1425.00	95810.24
(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)).....	1425.00	95810.24
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	19029.53	49470.98
(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)).....	19029.53	49470.98
<b>8. Cash on Hand at Close of Reporting Period (from Line 27).....</b>	46339.26	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....</b>	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

**MELENDEZ FOR CONGRESS**

Report Covering the Period: From: 

M	M
07	

 / 

D	D
01	

 / 

Y	Y	Y	Y
2012			

 To: 

M	M
07	

 / 

D	D
25	

 / 

Y	Y	Y	Y
2012			

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).....	1425.00	81520.24
(ii) Unitemized .....	0.00	13290.00
(iii) TOTAL of contributions from individuals .....	1425.00	94810.24
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) The Candidate .....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1425.00	95810.24
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).....	1425.00	95810.24

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19029.53	49470.98
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) ►	19029.53	49470.98

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	63943.79
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1425.00
25. SUBTOTAL (add Line 23 and Line 24).....	65368.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19029.53
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	46339.26

**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 17
	<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)  
**MELENDEZ FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**William Blend**

Mailing Address 1201 S. Orange Ave #400

City Winter Park	State FL	Zip Code 32789
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FEC ID number of contributing federal political committee. **C**

Name of Employer Moore, Stephens	Occupation Account
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Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
500.00

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

**Transaction ID : SA11AI.4738**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Joann Boone**

Mailing Address 436 Fairway Pointe Circle

City Orlando	State FL	Zip Code 32828
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FEC ID number of contributing federal political committee. **C**

Name of Employer H&R Block	Occupation
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Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 21 / 2012

**Transaction ID : SA11AI.4750**

Amount of Each Receipt this Period  
50.00

**C.** Full Name (Last, First, Middle Initial)  
**David Brackin**

Mailing Address 10436 Riva Ridge Trail

City Orlando	State FL	Zip Code 32817
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FEC ID number of contributing federal political committee. **C**

Name of Employer TriQuint Semiconductor	Occupation
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Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
50.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 07 / 14 / 2012

**Transaction ID : SA11AI.4748**

Amount of Each Receipt this Period  
50.00

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

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

600.00

**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 17
	<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)  
**MELENDEZ FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. N Carrasquillo</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2012	
Mailing Address 10096 Fenrose Terrace		<b>Transaction ID : SA11AI.4740</b>	
City Orlando	State FL	Zip Code 32827	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer Federal Government	Occupation Agent		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00		

Full Name (Last, First, Middle Initial) <b>B. Rita Cunningham</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 25 / 2012	
Mailing Address 1800 W. Virginia Dr		<b>Transaction ID : SA11AI.4741</b>	
City Kissimmee	State FL	Zip Code 34744	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Occupation			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00		

Full Name (Last, First, Middle Initial) <b>C. Richard Dunn</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2012	
Mailing Address 2536 Corbyton Ct		<b>Transaction ID : SA11AI.4688</b>	
City Orlando	State FL	Zip Code 32828	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Occupation			
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	250.00
<b>TOTAL</b> This Period (last page this line number only).....	250.00

**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 17
	<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)  
**MELENDEZ FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Richard Dunn</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2012
Mailing Address 2536 Corbyton Ct		<b>Transaction ID : SA11AI.4743</b>
City Orlando	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00	

Full Name (Last, First, Middle Initial) <b>John Hutchinson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 09 / 2012
Mailing Address 13644 Crystal River Dr		<b>Transaction ID : SA11AI.4690</b>
City Orlando	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer	Occupation	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 25.00	

Full Name (Last, First, Middle Initial) <b>John Hutchinson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 09 / 2012
Mailing Address 13644 Crystal River Dr		<b>Transaction ID : SA11AI.4745</b>
City Orlando	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer	Occupation	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 8 OF 17
	<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)  
**MELENDEZ FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Apryle Jackson</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 12 / 2012
Mailing Address 14 Wagon Circle		<b>Transaction ID : SA11AI.4739</b>
City Kissimmee	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Osceola County School District	Occupation Teacher	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00	

Full Name (Last, First, Middle Initial) <b>B. Jorge Lima</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 25 / 2012
Mailing Address 3322 N Street, NW		<b>Transaction ID : SA11AI.4754</b>
City Washington	State DC	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Puerto Rico Federal Affairs	Occupation	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00	

Full Name (Last, First, Middle Initial) <b>C. Daniel Matthews</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 23 / 2012
Mailing Address 12621 Beltingle Court		<b>Transaction ID : SA11AI.4752</b>
City Orlando	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer Orlando Health	Occupation	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 25.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	125.00
<b>TOTAL</b> 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 9 OF 17
	<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)  
**MELENDEZ FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jim Meyer</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 05 / 2012
Mailing Address 2542 Wingsorgate Ln		<b>Transaction ID : SA11AI.4689</b>
City Orlando	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer JTM Consulting	Occupation Consultant	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 25.00	

Full Name (Last, First, Middle Initial) <b>B. Jim Meyer</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 05 / 2012
Mailing Address 2542 Wingsorgate Ln		<b>Transaction ID : SA11AI.4744</b>
City Orlando	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer JTM Consulting	Occupation Consultant	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00	

Full Name (Last, First, Middle Initial) <b>C. Arturo Pagan</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2012
Mailing Address 536 Spring Lake Dr		<b>Transaction ID : SA11AI.4687</b>
City Melbourne	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer Arty Pagan Insurance Agency	Occupation	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> 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 10 OF 17
	<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)  
**MELENDEZ FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Arturo Pagan</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2012	
Mailing Address 536 Spring Lake Dr		<b>Transaction ID : SA11AI.4742</b>	
City Melbourne	State FL	Zip Code 32940	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00	
Name of Employer Arty Pagan Insurance Agency	Occupation		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 200.00		

Full Name (Last, First, Middle Initial) <b>B. Bill Reuter</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 13 / 2012	
Mailing Address 13644 Crystal River Drive		<b>Transaction ID : SA11AI.4746</b>	
City Orlando	State FL	Zip Code 32828	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00	
Name of Employer	Occupation		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00		

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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	150.00
<b>TOTAL</b> This Period (last page this line number only).....	1425.00

**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 11 OF 17			
	<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)  
**MELENDEZ FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jon Arguello</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012		
Mailing Address 1728 Boat Launch Rd			Amount of Each Disbursement this Period 500.00		
City Kissimmee	State FL	Zip Code 34746	Transaction ID : SB17.4780		
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought:	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>B. Jon Arguello</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012		
Mailing Address 1728 Boat Launch Rd			Amount of Each Disbursement this Period 500.00		
City Kissimmee	State FL	Zip Code 34746	Transaction ID : SB17.4781		
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought:	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>c. Jon Arguello</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012		
Mailing Address 1728 Boat Launch Rd			Amount of Each Disbursement this Period 500.00		
City Kissimmee	State FL	Zip Code 34746	Transaction ID : SB17.4802		
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought:	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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1500.00
<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 12 OF 17			
	<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)  
**MELENDEZ FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Cunningham's Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address		Amount of Each Disbursement this Period 10135.18
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4793
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>B. Cunningham's Inc</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012
Mailing Address		Amount of Each Disbursement this Period 313.51
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4799
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>C. Patrick Darin</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 4096 Winterwood Ct		Amount of Each Disbursement this Period 300.00
City	State Zip Code	
Orlando	FL 32812	Transaction ID : SB17.4784
Purpose of Disbursement	Candidate Name	
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:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	10748.69
<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 13 OF 17			
	<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)  
**MELENDEZ FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Patrick Darin</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2012
Mailing Address 4096 Winterwood Ct		Amount of Each Disbursement this Period 500.00
City Orlando	State FL Zip Code 32812	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.4805</b>
Candidate Name		
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>B. Gravis Marketing</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address		Amount of Each Disbursement this Period 2500.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.4796</b>
Candidate Name		
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>c. Orange County Young Republicans</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address		Amount of Each Disbursement this Period 250.00
City	State Zip Code	
Purpose of Disbursement	Category/Type	<b>Transaction ID : SB17.4806</b>
Candidate Name		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	3250.00
<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 14 OF 17			
	<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)  
**MELENDEZ FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Orange County Young Republicans</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address		Amount of Each Disbursement this Period 250.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4808
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>B. Javier Rejon</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012
Mailing Address 3150 Stowe St #103		Amount of Each Disbursement this Period 1000.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4798
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>C. St. Cloud Chamber of Commerce</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012
Mailing Address		Amount of Each Disbursement this Period 225.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4813
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1475.00
<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 15 OF 17			
	<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)  
**MELENDEZ FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2012
Mailing Address		Amount of Each Disbursement this Period 253.14
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4803</b>
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>B. Staples</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012
Mailing Address		Amount of Each Disbursement this Period 24.60
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4819</b>
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>c. United States Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address		Amount of Each Disbursement this Period 300.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	<b>Transaction ID : SB17.4782</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	577.74
<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 16 OF 17			
	<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)  
**MELENDEZ FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. United States Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.4785</b>
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
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>B. United States Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address		Amount of Each Disbursement this Period 150.00 <b>Transaction ID : SB17.4786</b>
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
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>C. United States Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address		Amount of Each Disbursement this Period 45.00 <b>Transaction ID : SB17.4787</b>
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	395.00
<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 17 OF 17			
	<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)  
**MELENDEZ FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. United States Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 11 / 2012
Mailing Address		Amount of Each Disbursement this Period 625.00 <b>Transaction ID : SB17.4795</b>
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
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>B. United States Post Office</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 25 / 2012
Mailing Address		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.4820</b>
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
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>c. www.polkgop.org</b>		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012
Mailing Address		Amount of Each Disbursement this Period 275.00 <b>Transaction ID : SB17.4811</b>
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	625.00
<b>TOTAL</b> This Period (last page this line number only).....	18571.43