

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

MELENDEZ FOR CONGRESS

ADDRESS (number and street) 1008 HERMOSA WAY

Check if different than previously reported. (ACC)

KISSIMMEE

FL

34744

2. FEC IDENTIFICATION NUMBER

C C00510982

CITY

STATE

ZIP CODE

STATE DISTRICT

FL

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

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 Bernie Mapili

Signature of Treasurer Bernie Mapili

[Electronically Filed]

Date

MM/DD/YYYY
04/14/2012

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

Table with 7 columns and 1 row for Office Use Only

**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name  
**MELENDEZ 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))....	55900.00	55900.00
(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)) .....	55900.00	55900.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	7241.45	7241.45
(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)).....	7241.45	7241.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	48658.55	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**For further information contact:**

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

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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

**MELLENDEZ 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).....	47900.00	47900.00
(ii) Unitemized.....	8000.00	8000.00
(iii) TOTAL of contributions from individuals ▶	55900.00	55900.00
(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))..	55900.00	55900.00
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. <b>TOTAL RECEIPTS</b> (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	55900.00	55900.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	7241.45	7241.45
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) ►	7241.45	7241.45

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	55900.00
25. SUBTOTAL (add Line 23 and Line 24).....	55900.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	7241.45
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	48658.55

**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 26	
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
	12	13a	13b	14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
**MELENDEZ FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Jon Arguello**

Mailing Address 1728 Boat Launch Rd

City State Zip Code  
Kissimmee FL 34746

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

Name of Employer Occupation  
Self Employed Communications Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2012

**Transaction ID : SA11AI.4436**

Amount of Each Receipt this Period  
2500.00

In-kind - Communications Consultant

**B.** Full Name (Last, First, Middle Initial)  
**Ray Richard Atkinson**

Mailing Address 4572 Yorkshire Lane

City State Zip Code  
Kissimmee FL 34758

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

Name of Employer Occupation  
Manhattan Construction Construction Management

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 31 / 2012

**Transaction ID : SA11AI.4189**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Carey Lee Baker**

Mailing Address 2302 Sandridge Circle

City State Zip Code  
Eustis FL 32726

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

Name of Employer Occupation  
The A.W. Peterson Gun Shop Owner

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

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

**Transaction ID : SA11AI.4142**

Amount of Each Receipt this Period  
250.00

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

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

3000.00

**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 26
	<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. Guy Bowers</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 05 / 2012
Mailing Address PO Box 8090		<b>Transaction ID : SA11AI.4242</b>
City Ruidoso	State NM	Zip Code 88355
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2500.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	2500.00

Full Name (Last, First, Middle Initial) <b>B. Guy Bowers</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 05 / 2012
Mailing Address PO Box 8090		<b>Transaction ID : SA11AI.4244</b>
City Ruidoso	State NM	Zip Code 88355
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 2500.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	5000.00

Full Name (Last, First, Middle Initial) <b>C. Carole B Brown</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 08 / 2012
Mailing Address 3 Seldon Ave		<b>Transaction ID : SA11AI.4372</b>
City Branford	State CT	Zip Code 06405-5517
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Information Requested	Occupation Information Requested	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	250.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	5250.00
<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 7 OF 26
	<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**

**A.** Full Name (Last, First, Middle Initial)  
**Usher Brown**

Mailing Address 111 N. Orange Ave., Suite 2000

City Orlando State FL Zip Code 32802

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

Name of Employer Brown, Garganese, Weiss & D. Occupation Attorney

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

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

**Transaction ID : SA11AI.4368**

Amount of Each Receipt this Period  
 300.00

**B.** Full Name (Last, First, Middle Initial)  
**Greg Burrows**

Mailing Address 1335 Jasmine Drive

City Lewisville State TX Zip Code 75077

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

Name of Employer NA Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 25 / 2012

**Transaction ID : SA11AI.4104**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Greg Burrows**

Mailing Address 1335 Jasmine Drive

City Lewisville State TX Zip Code 75077

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

Name of Employer NA Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2012

**Transaction ID : SA11AI.4136**

Amount of Each Receipt this Period  
 2250.00

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

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

2800.00

**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 26
	<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. Dan Carmichael</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 14 / 2012
Mailing Address Information Requested		<b>Transaction ID : SA11AI.4370</b>
City State Zip Code Information Requested	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Self Employed	Occupation Director of Several Corps	
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) <b>B. Suzanne D'Agresta</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 2431 Island Drive		<b>Transaction ID : SA11AI.4179</b>
City State Zip Code Longwood FL 32779	Amount of Each Receipt this Period 250.00	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 250.00
Name of Employer Brown, Garganese, Weiss & D.	Occupation Attorney	
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) <b>C. Jeremey Davis</b>		Date of Receipt M M / D D / Y Y Y Y 02 / 14 / 2012
Mailing Address Information Requested		<b>Transaction ID : SA11AI.4378</b>
City State Zip Code Information Requested	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee.	C	Amount of Each Receipt this Period 500.00
Name of Employer Florida National Guard	Occupation Company Commander	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1000.00
<b>TOTAL</b> This Period (last page this line number only).....	1000.00



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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 26
	<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**

**A.** Full Name (Last, First, Middle Initial)  
**Angel De la Portilla**

Mailing Address 205 Calliope Street

City Ocoee State FL Zip Code 34761

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

Name of Employer Central Florida Strategies Occupation Government Consultant

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 13 / 2012

**Transaction ID : SA11AI.4201**

Amount of Each Receipt this Period  
250.00

**B.** Full Name (Last, First, Middle Initial)  
**Synthia De la Portilla**

Mailing Address 205 Calliope Street

City Ocoee State FL Zip Code 34761

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

Name of Employer Self Employed Occupation Realtor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.4203**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Kelli Dorrrough**

Mailing Address Information Requested

City Information Requested State Zip Code

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

Name of Employer Homemaker Occupation Homemaker

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 17 / 2012

**Transaction ID : SA11AI.4342**

Amount of Each Receipt this Period  
1000.00

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

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

1500.00

**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 10 OF 26
	<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**

**A.** Full Name (Last, First, Middle Initial)  
**Stuart H Farb**

Mailing Address 2451 Castlewood Rd

City Maitland State FL Zip Code 32751

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

Name of Employer Barnett Chepenik Occupation Real Estate

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 28 / 2012

**Transaction ID : SA11AI.4344**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Jeffrey Goldmacher**

Mailing Address 4444 Cypress Mill Rd

City Kissimmee State FL Zip Code 34746

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 02 / 17 / 2012

**Transaction ID : SA11AI.4261**

Amount of Each Receipt this Period  
 250.00

**C.** Full Name (Last, First, Middle Initial)  
**Kingdon Gould**

Mailing Address 7861 Murray Hill Road

City Laurel State MD Zip Code 20723

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

Name of Employer Retired Occupation Retired

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y  
 03 / 12 / 2012

**Transaction ID : SA11AI.4285**

Amount of Each Receipt this Period  
 1000.00

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

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

1500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 26
	<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. James Gray</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 24 / 2012	
Mailing Address 9798 Blandford Rd		<b>Transaction ID : SA11AI.4255</b>	
City Orlando State FL Zip Code 32827	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Parkway Properties Occupation VP		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) <b>B. Carlos Guillen</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2012	
Mailing Address 119 Owenshire Cir		<b>Transaction ID : SA11AI.4215</b>	
City Kissimmee State FL Zip Code 34744	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Retired Occupation Retired		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) <b>C. Carlos Guillen</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 28 / 2012	
Mailing Address 119 Owenshire Cir		<b>Transaction ID : SA11AI.4397</b>	
City Kissimmee State FL Zip Code 34744	Amount of Each Receipt this Period 2500.00		
FEC ID number of contributing federal political committee. C	Name of Employer Retired Occupation Retired		
Receipt For: 2500 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	7500.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 26
	<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. Cynthia Guillen</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2012	
Mailing Address 3006 Elbib Dr		<b>Transaction ID : SA11AI.4224</b>	
City St. Cloud	State FL	Zip Code 34722	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2500.00	
Name of Employer Orlando Health	Occupation Social Worker		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) <b>B. Cynthia Guillen</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 28 / 2012	
Mailing Address 3006 Elbib Dr		<b>Transaction ID : SA11AI.4398</b>	
City St. Cloud	State FL	Zip Code 34722	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 2500.00	
Name of Employer Orlando Health	Occupation Social Worker		
Receipt For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 5000.00		

Full Name (Last, First, Middle Initial) <b>C. Marjorie Guillen</b>		Date of Receipt M M / D D / Y Y Y Y 03 / 29 / 2012	
Mailing Address 119 Owenshire Circle		<b>Transaction ID : SA11AI.4299</b>	
City Kissimmee	State FL	Zip Code 34744	
FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period 1000.00	
Name of Employer Self Employeed	Occupation Bill Review Consultant		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	6000.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 26
	<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**

**A.** Full Name (Last, First, Middle Initial)  
**Jonathan K. Hage**

Mailing Address 2841 NE 38th Street

City State Zip Code  
Ft. Lauderdale FL 33308

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

Name of Employer Occupation  
Charter Schools USA President

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  
 03 / 12 / 2012

**Transaction ID : SA11AI.4273**

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
**Cindy S. Hartmann-Hartig**

Mailing Address 2320 Indian Mound Trail

City State Zip Code  
Kissimmee FL 34744

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

Name of Employer Occupation  
Osceola County School District School Board Chair

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 02 / 16 / 2012

**Transaction ID : SA11AI.4223**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Cindy S. Hartmann-Hartig**

Mailing Address 2320 Indian Mound Trail

City State Zip Code  
Kissimmee FL 34744

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

Name of Employer Occupation  
Osceola County School District School Board Chair

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  
 03 / 29 / 2012

**Transaction ID : SA11AI.4221**

Amount of Each Receipt this Period  
250.00

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

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

1000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 26
	<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. John Horne</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 05 / 2012	
Mailing Address 112 Murfiled Dr		<b>Transaction ID : SA11AI.4269</b>	
City Ponte Vedra Beach	State FL	Zip Code 32082	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00	
Name of Employer Retired	Occupation Retired		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2500.00		

Full Name (Last, First, Middle Initial) <b>B. Michael La Rosa</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 30 / 2012	
Mailing Address 1002 Sandlace Crt.		<b>Transaction ID : SA11AI.4160</b>	
City Celebration	State FL	Zip Code 34747	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer La Rosa Development	Occupation Real Estate Developer/Brokerage		
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) <b>C. Jorge J. Lopez</b>		Date of Receipt M M / D D / Y Y Y Y Y 03 / 26 / 2012	
Mailing Address 1476 Chippewa Ln		<b>Transaction ID : SA11AI.4275</b>	
City Geneva, FL 32732	State FL	Zip Code 32732	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00	
Name of Employer Florida Emergency Physicians	Occupation Medical Doctor		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	[Empty Box]

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 26
	<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**

**A.** Full Name (Last, First, Middle Initial)  
**Robert Martin**

Mailing Address Information Requested

City State Zip Code  
Information Requested

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

Name of Employer Occupation  
Ardeman & Associates Clay Minerologist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

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

**Transaction ID : SA11AI.4303**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Carolina Meglio**

Mailing Address 13045 Long Pine Trl

City State Zip Code  
Clermont FL 34711

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

Name of Employer Occupation  
Information Requested Physical Therapist

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
03 / 30 / 2012

**Transaction ID : SA11AI.4395**

Amount of Each Receipt this Period  
1000.00

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

Mailing Address 156 Bears Club Drive

City State Zip Code  
Jupiter FL 33477

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

Name of Employer Occupation  
Retired Retired

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  
02 / 21 / 2012

**Transaction ID : SA11AI.4226**

Amount of Each Receipt this Period  
500.00

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

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

4000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 16 OF 26			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**MELENDEZ FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Javier Rejon**

Mailing Address 3150 Stowe St #103

City Orlando State FL Zip Code 32835

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

Name of Employer Self employed Occupation Art Director

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.4439**

Amount of Each Receipt this Period  
 2500.00

In-kind - Art Director

**B.** Full Name (Last, First, Middle Initial)  
**Jose A. Rey**

Mailing Address 8527 Chicasaw Farms Ln

City Orlando State FL Zip Code 32825

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

Name of Employer Rey Homes Occupation Home Builders

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 29 / 2012

**Transaction ID : SA11AI.4279**

Amount of Each Receipt this Period  
 300.00

**C.** Full Name (Last, First, Middle Initial)  
**Brandon Ruiz**

Mailing Address 16627 Corner Lake Dr.

City Orlando State FL Zip Code 32820

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

Name of Employer Mitsubishi Occupation Mechanical Engineer

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 03 / 30 / 2012

**Transaction ID : SA11AI.4214**

Amount of Each Receipt this Period  
 1000.00

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

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

3800.00



**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 17 OF 26
	<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**

**A.** Full Name (Last, First, Middle Initial)  
**Michael C Sasso**

Mailing Address 932 Kerwood Cir

City Oviedo State FL Zip Code 32765

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

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

**Transaction ID : SA11AI.4312**

Amount of Each Receipt this Period  
 250.00

**B.** Full Name (Last, First, Middle Initial)  
**Donald R. Scifres**

Mailing Address 26700 Palo Hills Drive

City Los Altos State CA Zip Code 94022

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

Name of Employer Self employed Occupation Investor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 14 / 2012

**Transaction ID : SA11AI.4230**

Amount of Each Receipt this Period  
 500.00

**C.** Full Name (Last, First, Middle Initial)  
**Patty Ann Smith**

Mailing Address 141 Darlington Loop

City Davenport State FL Zip Code 33896

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

Name of Employer Walt Disney World Occupation Banquet Server

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 03 / 10 / 2012

**Transaction ID : SA11AI.4126**

Amount of Each Receipt this Period  
 250.00

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

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

1000.00

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

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

FOR LINE NUMBER: PAGE 18 OF 26  
(check only one)  
 11a 12  11b 13a  11c 13b  11d 14  15

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NAME OF COMMITTEE (In Full)  
**MELENDEZ FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Katarina Sullivan**

Mailing Address 1362 Richmond Ed

City Winter Park State FL Zip Code 32789

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

Name of Employer Self Employed Occupation Self Employed

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2500.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 31 / 2012

**Transaction ID : SA11AI.4194**

Amount of Each Receipt this Period  
2500.00

**B.** Full Name (Last, First, Middle Initial)  
**Joseph Louis Torres**

Mailing Address 8159 Lake Serene Dr.

City Orlando State FL Zip Code 32836

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

Name of Employer Self Occupation Physician

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
250.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2012

**Transaction ID : SA11AI.4177**

Amount of Each Receipt this Period  
250.00

**C.** Full Name (Last, First, Middle Initial)  
**Ethel Urbina**

Mailing Address 1714 Brassie Ct.

City Kissimmee State FL Zip Code 34746

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

Name of Employer Mercedes Investments Occupation Realtor

Receipt For: 2012  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2100.00

Date of Receipt  
M M / D D / Y Y Y Y  
03 / 30 / 2012

**Transaction ID : SA11AI.4234**

Amount of Each Receipt this Period  
2000.00

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

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

4750.00

**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 19 OF 26			
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 15
	12	13a	13b	14	

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NAME OF COMMITTEE (In Full)  
**MELENDEZ FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jennifer Hallie Vaughn</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 20 / 2012
Mailing Address 879 Little Bend Rd		<b>Transaction ID : SA11AI.4263</b>
City Altamonte Springs	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00
Name of Employer Divine Health Wellness Center	Occupation Chiropractor	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00	

Full Name (Last, First, Middle Initial) <b>B. Isaac Welch Whitesell</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 28 / 2012
Mailing Address 464 Magellan Drive		<b>Transaction ID : SA11AI.4245</b>
City Sarasota	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 300.00
Name of Employer Retired	Occupation Retired	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00	

Full Name (Last, First, Middle Initial) <b>C. Mark Youngren</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 03 / 20 / 2012
Mailing Address 4041 SW Hillsdale Ave		<b>Transaction ID : SA11AI.4301</b>
City Portland	State OR	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 500.00
Name of Employer Community Management, Inc	Occupation Executive	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 500.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1800.00
<b>TOTAL</b> This Period (last page this line number only).....	47900.00

**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 20 OF 26	
	<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 03 / 30 / 2012
Mailing Address 1728 Boat Launch Rd		Amount of Each Disbursement this Period 2500.00 <b>Transaction ID : SB17.4438</b>
City Kissimmee	State FL	
Zip Code 34746	Purpose of Disbursement In-kind - Communications Consultant	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. Julius Melendez</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 31 / 2012
Mailing Address 1008 Hermosa Way		Amount of Each Disbursement this Period 1276.43 <b>Transaction ID : SB17.4417</b>
City Kissimmee	State FL	
Zip Code 34744	Purpose of Disbursement Reimbursement	Category/ Type
Candidate Name	Office Sought: <input checked="" 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: FL District: 09	

Full Name (Last, First, Middle Initial) <b>C. Julius Melendez</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2012
Mailing Address 1008 Hermosa Way		Amount of Each Disbursement this Period 135.00 <b>Transaction ID : SB17.4417.1</b> <b>[MEMO ITEM]</b>
City Kissimmee	State FL	
Zip Code 34744	Purpose of Disbursement Postage	Category/ Type
Candidate Name	Office Sought: <input checked="" 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: FL District: 09	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	3776.43
<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)  
 17     18     19a     19b  
 20a     20b     20c     21

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NAME OF COMMITTEE (In Full)  
**MELENDEZ FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Julius Melendez</b>			Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 1008 Hermosa Way			Amount of Each Disbursement this Period 240.74
City Kissimmee	State FL	Zip Code 34744	
Purpose of Disbursement Printer		Candidate Name	Transaction ID : SB17.4417.2
Office Sought: <input checked="" 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)		Category/ Type	[MEMO ITEM]
State: FL	District: 09		

Full Name (Last, First, Middle Initial) <b>B. Julius Melendez</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 20 / 2012
Mailing Address 1008 Hermosa Way			Amount of Each Disbursement this Period 77.03
City Kissimmee	State FL	Zip Code 34744	
Purpose of Disbursement Ink		Candidate Name	Transaction ID : SB17.4417.3
Office Sought: <input checked="" 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)		Category/ Type	[MEMO ITEM]
State: FL	District: 09		

Full Name (Last, First, Middle Initial) <b>C. Julius Melendez</b>			Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2012
Mailing Address 1008 Hermosa Way			Amount of Each Disbursement this Period 590.00
City Kissimmee	State FL	Zip Code 34744	
Purpose of Disbursement Postage		Candidate Name	Transaction ID : SB17.4417.4
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)		Category/ Type	[MEMO ITEM]
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 22 OF 26	
	<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. Julius Melendez</b>			Date of Disbursement MM / DD / YYYY 03 / 29 / 2012	
Mailing Address 1008 Hermosa Way			Amount of Each Disbursement this Period 100.91	
City Kissimmee	State FL	Zip Code 34744	Transaction ID : SB17.4417.6 <b>[MEMO ITEM]</b>	
Purpose of Disbursement Meals		Category/ Type		
Candidate Name				
Office Sought: <input checked="" 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: FL District: 09				

Full Name (Last, First, Middle Initial) <b>B. Julius Melendez</b>			Date of Disbursement MM / DD / YYYY 02 / 29 / 2012	
Mailing Address 1008 Hermosa Way			Amount of Each Disbursement this Period 15.00	
City Kissimmee	State FL	Zip Code 34744	Transaction ID : SB17.4417.7 <b>[MEMO ITEM]</b>	
Purpose of Disbursement Osceola Supervisor of Elections		Category/ Type		
Candidate Name				
Office Sought: <input checked="" 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: FL District: 09				

Full Name (Last, First, Middle Initial) <b>C. Julius Melendez</b>			Date of Disbursement MM / DD / YYYY 02 / 29 / 2012	
Mailing Address 1008 Hermosa Way			Amount of Each Disbursement this Period 5.00	
City Kissimmee	State FL	Zip Code 34744	Transaction ID : SB17.4417.8 <b>[MEMO ITEM]</b>	
Purpose of Disbursement Osceola Supervisor of Elections		Category/ Type		
Candidate Name				
Office Sought: <input checked="" 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: FL District: 09				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 23 OF 26	
	<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. Julius Melendez</b>		Date of Disbursement MM / DD / YYYY 02 / 27 / 2012
Mailing Address 1008 Hermosa Way		Amount of Each Disbursement this Period 965.02
City Kissimmee	State FL	
Zip Code 34744	Purpose of Disbursement Polk Supervisor of Elections	Transaction ID : SB17.4417.9
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Julius Melendez</b>		Date of Disbursement MM / DD / YYYY 02 / 28 / 2012
Mailing Address 1008 Hermosa Way		Amount of Each Disbursement this Period 32.30
City Kissimmee	State FL	
Zip Code 34744	Purpose of Disbursement Orange County Supervisor of Elections	Transaction ID : SB17.4417.10
Candidate Name	Category/Type	[MEMO ITEM]
Office Sought: <input checked="" 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: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. Marjorie Melendez</b>		Date of Disbursement MM / DD / YYYY 03 / 31 / 2012
Mailing Address 1008 Hermosa Way		Amount of Each Disbursement this Period 965.02
City Kissimmee	State FL	
Zip Code 34744	Purpose of Disbursement Reimbursement	Transaction ID : SB17.4401
Candidate Name <b>Julius Melendez</b>	Category/Type 001	
Office Sought: <input checked="" 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: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	965.02
<b>TOTAL</b> This Period (last page this line number only).....	

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 26	
	<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. Marjorie Melendez</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 01 / 2012
Mailing Address 1008 Hermosa Way		Amount of Each Disbursement this Period 450.00
City Kissimmee	State FL	
Purpose of Disbursement Postage	Zip Code 34744	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) <b>B. Marjorie Melendez</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 09 / 2012
Mailing Address 1008 Hermosa Way		Amount of Each Disbursement this Period 59.92
City Kissimmee	State FL	
Purpose of Disbursement Envelopes	Zip Code 34744	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

Full Name (Last, First, Middle Initial) <b>C. Marjorie Melendez</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 1008 Hermosa Way		Amount of Each Disbursement this Period 149.78
City Kissimmee	State FL	
Purpose of Disbursement Ink	Zip Code 34744	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State:	District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	0.00
<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 25 OF 26			
	<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. Marjorie Melendez</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 30 / 2012
Mailing Address 1008 Hermosa Way		Amount of Each Disbursement this Period 45.00
City Kissimmee	State FL	
Purpose of Disbursement Postage	Zip Code 34744	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. Marjorie Melendez</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 12 / 2012
Mailing Address 1008 Hermosa Way		Amount of Each Disbursement this Period 38.51
City Kissimmee	State FL	
Purpose of Disbursement Business Cards	Zip Code 34744	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. Marjorie Melendez</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 25 / 2012
Mailing Address 1008 Hermosa Way		Amount of Each Disbursement this Period 10.45
City Kissimmee	State FL	
Purpose of Disbursement Postage	Zip Code 34744	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).....	0.00
<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 26 OF 26			
	<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. Marjorie Melendez</b>		Date of Disbursement M M / D D / Y Y Y Y 02 / 16 / 2012
Mailing Address 1008 Hermosa Way		Amount of Each Disbursement this Period 45.00
City Kissimmee	State FL	
Zip Code 34744	Purpose of Disbursement Postage	Transaction ID : SB17.4401.8
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>B. Marjorie Melendez</b>		Date of Disbursement M M / D D / Y Y Y Y 01 / 16 / 2012
Mailing Address 1008 Hermosa Way		Amount of Each Disbursement this Period 11.75
City Kissimmee	State FL	
Zip Code 34744	Purpose of Disbursement Ink	Transaction ID : SB17.4401.9
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>c. Javier Rejon</b>		Date of Disbursement M M / D D / Y Y Y Y 03 / 30 / 2012
Mailing Address 3150 Stowe St #103		Amount of Each Disbursement this Period 2500.00
City Orlando	State FL	
Zip Code 32835	Purpose of Disbursement In-kind - Art Director	Transaction ID : SB17.4441
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2500.00
<b>TOTAL</b> This Period (last page this line number only).....	7241.45