

# 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

PETER VIVALDI FOR CONGRESS

ADDRESS (number and street) 11555 LAKE UNDERHILL ROAD

Check if different than previously reported. (ACC)

ORLANDO

FL

34786

2. **FEC IDENTIFICATION NUMBER** ▼

C C00546531

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

FL

09

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  /  /  in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G)  Runoff (30R)  Special (30S)

Election on  /  /  in the State of

5. Covering Period

/  /

through

/  /

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 PAUL KILGORE

Signature of Treasurer PAUL KILGORE

[Electronically Filed]

Date

/  /

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  
**PETER VIVALDI 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))....	13835.00	24466.00
(b) Total Contribution Refunds (from Line 20(d)) .....	600.00	600.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	13235.00	23866.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	17968.61	22374.07
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	17968.61	22374.07
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1491.93	
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

**PETER VIVALDI FOR CONGRESS**

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

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	12200.00	20650.00
(ii) Unitemized.....	1635.00	3816.00
(iii) TOTAL of contributions from individuals ▶	13835.00	24466.00
(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))..	13835.00	24466.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.).....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	13835.00	24466.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	17968.61	22374.07
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 .....	600.00	600.00
(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)).....	600.00	600.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	18568.61	22974.07

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	6225.54
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13835.00
25. SUBTOTAL (add Line 23 and Line 24).....	20060.54
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	18568.61
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1491.93

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

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

FOR LINE NUMBER: PAGE 5 OF 19  
(check only one)  
 11a 12     11b 13a     11c 13b     11d 14     15

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NAME OF COMMITTEE (In Full)  
**PETER VIVALDI FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Juan Arturo**

Mailing Address 6724 Bells St

City Orlando State FL Zip Code 32824

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

Name of Employer Epiko Magazine Occupation Owner

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 12 / 16 / 2013

**Transaction ID : SA11AI.4282**

Amount of Each Receipt this Period  
 2500.00

In-kind - Advertising

**B.** Full Name (Last, First, Middle Initial)  
**Engel Colon**

Mailing Address 9101 International Drive Ste 1002

City Orlando State FL Zip Code 32819

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

Name of Employer Oceanaire Seafood Room Occupation General Manager

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 21 / 2013

**Transaction ID : SA11AI.4294**

Amount of Each Receipt this Period  
 2500.00

In-kind - Event Catering

**C.** Full Name (Last, First, Middle Initial)  
**Walter Garcia**

Mailing Address 6106 Hoffner Ave

City Orlando State FL Zip Code 32822

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

Name of Employer WG Express Occupation Owner Operator

Receipt For: 2014  
 Primary     General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 01 / 2013

**Transaction ID : SA11AI.4336**

Amount of Each Receipt this Period  
 500.00

**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 19
	<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)  
**PETER VIVALDI FOR CONGRESS**

**A.** Full Name (Last, First, Middle Initial)  
**Bruno Portigliatti**

Mailing Address 8137 Via Rosa

City Orlando State FL Zip Code 32836

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

Name of Employer Information Requested Occupation Information Requested

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 31 / 2013

**Transaction ID : SA11AI.4382**

Amount of Each Receipt this Period  
 500.00

**B.** Full Name (Last, First, Middle Initial)  
**Edwin Rivera**

Mailing Address 3989 Orkney Ave

City Orlando State FL Zip Code 32809

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

Name of Employer Information Requested Occupation Information Requested  
 Amigos Professional President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 11 / 26 / 2013

**Transaction ID : SA11AI.4292**

Amount of Each Receipt this Period  
 2500.00

In-kind - Event Catering

**C.** Full Name (Last, First, Middle Initial)  
**Angel L Rodriguez**

Mailing Address 2446 River Ridge Dr

City Orlando State FL Zip Code 32825

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

Name of Employer Information Requested Occupation Information Requested  
 SR. MOBIL SALESMAN RED WIND SHOES

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date

Date of Receipt  
 M M / D D / Y Y Y Y Y  
 10 / 30 / 2013

**Transaction ID : SA11AI.4258**

Amount of Each Receipt this Period  
 1000.00

In-kind - Event Catering

**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 7 OF 19
	<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)  
**PETER VIVALDI FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>Angel L Rodriguez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 27 / 2013	
Mailing Address 2446 River Ridge Dr		<b>Transaction ID : SA11AI.4385</b>	
City Orlando	State FL	Zip Code 32825	Amount of Each Receipt this Period _____ _____ 100.00
FEC ID number of contributing federal political committee.		C _____	
Name of Employer SR. MOBIL SALESMAN	Occupation RED WIND SHOES		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 1150.00		

Full Name (Last, First, Middle Initial) <b>Alexis Torres</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 12 / 04 / 2013	
Mailing Address 13605 South Apopka Rd		<b>Transaction ID : SA11AI.4285</b>	
City Orlando	State FL	Zip Code 32821	Amount of Each Receipt this Period _____ _____ 2600.00 In-kind - Event Catering
FEC ID number of contributing federal political committee.		C _____	
Name of Employer Made in Puerto Rico	Occupation Owner		
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date _____ 2600.00		

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	Amount of Each Receipt this Period _____ _____
FEC ID number of contributing federal political committee.		C _____	
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).....	_____ _____ 2700.00
<b>TOTAL</b> This Period (last page this line number only).....	_____ _____ 12200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 19	
	<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)  
**PETER VIVALDI FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Amigos Profesionales</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 13 / 2013
Mailing Address 3989 Orkney Ave		Amount of Each Disbursement this Period 500.00
City Orlando	State FL Zip Code 32809	
Purpose of Disbursement Event Sponsorship	Candidate Name	Transaction ID : SB17.4272
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. Juan Arturo</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2013
Mailing Address 6724 Bells St		Amount of Each Disbursement this Period 2500.00
City Orlando	State FL Zip Code 32824	
Purpose of Disbursement In-kind - Advertising	Candidate Name	Transaction ID : SB17.4284
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. Engel Colon</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2013
Mailing Address 9101 International Drive Ste 1002		Amount of Each Disbursement this Period 2500.00
City Orlando	State FL Zip Code 32819	
Purpose of Disbursement In-kind - Event Catering	Candidate Name	Transaction ID : SB17.4296
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).....	5500.00
<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 9 OF 19			
	<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)  
**PETER VIVALDI FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Democracy Engine</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2013
Mailing Address 850 Quincy St NW #402			Amount of Each Disbursement this Period 124.92 <b>Transaction ID : SB17.4250</b>
City Washington	State DC	Zip Code 20011	
Purpose of Disbursement CC Transaction Fees		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>B. Democracy Engine</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 09 / 2013
Mailing Address 850 Quincy St NW #402			Amount of Each Disbursement this Period 6.97 <b>Transaction ID : SB17.4251</b>
City Washington	State DC	Zip Code 20011	
Purpose of Disbursement CC Transaction Fees		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

Full Name (Last, First, Middle Initial) <b>c. Democracy Engine</b>			Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2013
Mailing Address 850 Quincy St NW #402			Amount of Each Disbursement this Period 1.89 <b>Transaction ID : SB17.4252</b>
City Washington	State DC	Zip Code 20011	
Purpose of Disbursement CC Transaction Fees		Candidate Name	Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President			
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	133.78
<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 10 OF 19			
	<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)  
**PETER VIVALDI FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Democracy Engine</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address 850 Quincy St NW #402		Amount of Each Disbursement this Period 2.07
City Washington State DC Zip Code 20011	Purpose of Disbursement CC Transaction Fees	
Candidate Name	Category/Type	Transaction ID : SB17.4254
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>B. Democracy Engine</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 29 / 2013
Mailing Address 850 Quincy St NW #402		Amount of Each Disbursement this Period 2.46
City Washington State DC Zip Code 20011	Purpose of Disbursement CC Transaction Fees	
Candidate Name	Category/Type	Transaction ID : SB17.4255
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>c. Democracy Engine</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2013
Mailing Address 850 Quincy St NW #402		Amount of Each Disbursement this Period 18.63
City Washington State DC Zip Code 20011	Purpose of Disbursement CC Transaction Fees	
Candidate Name	Category/Type	Transaction ID : SB17.4256
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	23.16
<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 11 OF 19	
	<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)  
**PETER VIVALDI FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Democracy Engine</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 01 / 2013
Mailing Address 850 Quincy St NW #402		Amount of Each Disbursement this Period 928.95 <b>Transaction ID : SB17.4304</b>
City Washington State DC Zip Code 20011	Purpose of Disbursement CC Transaction Fees	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Democracy Engine</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 11 / 2013
Mailing Address 850 Quincy St NW #402		Amount of Each Disbursement this Period 675.00 <b>Transaction ID : SB17.4305</b>
City Washington State DC Zip Code 20011	Purpose of Disbursement Website	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jacob Engels</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 07 / 2013
Mailing Address 537 Loyola Cr Unit 29203		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.4246</b>
City Orlando State FL Zip Code 32828	Purpose of Disbursement Media Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	928.95
<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 19	
	<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)  
**PETER VIVALDI FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Jacob Engels</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address 537 Loyola Cr Unit 29203		Amount of Each Disbursement this Period 200.00 <b>Transaction ID : SB17.4266</b>
City Orlando State FL Zip Code 32828	Purpose of Disbursement Media Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Jacob Engels</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 537 Loyola Cr Unit 29203		Amount of Each Disbursement this Period 350.00 <b>Transaction ID : SB17.4276</b>
City Orlando State FL Zip Code 32828	Purpose of Disbursement Media Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Jacob Engels</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2013
Mailing Address 537 Loyola Cr Unit 29203		Amount of Each Disbursement this Period 250.00 <b>Transaction ID : SB17.4328</b>
City Orlando State FL Zip Code 32828	Purpose of Disbursement Media Consulting	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	800.00
<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 13 OF 19			
	<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)  
**PETER VIVALDI FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. HBIF of Florida</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2013
Mailing Address 3201 E Colonial Dr Ste A20		Amount of Each Disbursement this Period 300.00
City Orlando	State FL Zip Code 32803	
Purpose of Disbursement Event Tickets	Candidate Name	<b>Transaction ID : SB17.4300</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. Professional Data Services</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 24 / 2013
Mailing Address 2470 Daniell's Bridge Rd Ste 121		Amount of Each Disbursement this Period 2000.00
City Athens	State GA Zip Code 30606	
Purpose of Disbursement Compliance Consulting	Candidate Name	<b>Transaction ID : SB17.4247</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. Edwin Rivera</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 26 / 2013
Mailing Address 3989 Orkney Ave		Amount of Each Disbursement this Period 2500.00
City Orlando	State FL Zip Code 32809	
Purpose of Disbursement In-kind - Event Catering	Candidate Name	<b>Transaction ID : SB17.4293</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).....	4800.00
<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 19			
	<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)  
**PETER VIVALDI FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Angel L Rodriguez</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address 2446 River Ridge Dr		Amount of Each Disbursement this Period 1000.00 <b>Transaction ID : SB17.4259</b>
City Orlando	State FL Zip Code 32825	
Purpose of Disbursement In-kind - Event Catering	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Alexis Torres</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 04 / 2013
Mailing Address 13605 South Apopka Rd		Amount of Each Disbursement this Period 2600.00 <b>Transaction ID : SB17.4287</b>
City Orlando	State FL Zip Code 32821	
Purpose of Disbursement In-kind - Event Catering	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. PETER VIVALDI</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 6713 THORNHILL CIRCLE		Amount of Each Disbursement this Period 508.00 <b>Transaction ID : SB17.4323</b>
City WINDERMERE	State FL Zip Code 32825	
Purpose of Disbursement See Memo Entry	Category/Type	
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	4108.00
<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 19	
	<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)  
**PETER VIVALDI FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Nation Builder</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 16 / 2013
Mailing Address 448 S Hill St Ste 200		Amount of Each Disbursement this Period 508.00
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement Website	Transaction ID : SB17.4323.0
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) <b>B. PETER VIVALDI</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 6713 THORNHILL CIRCLE		Amount of Each Disbursement this Period 208.00
City WINDERMERE	State FL	
Zip Code 32825	Purpose of Disbursement See Memo Entry	Transaction ID : SB17.4318
Candidate Name	Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09		

Full Name (Last, First, Middle Initial) <b>c. Nation Builder</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 448 S Hill St Ste 200		Amount of Each Disbursement this Period 208.00
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement Website	Transaction ID : SB17.4318.0
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	208.00
<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 16 OF 19			
	<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)  
**PETER VIVALDI FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PETER VIVALDI</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 6713 THORNHILL CIRCLE		Amount of Each Disbursement this Period 208.00 <b>Transaction ID : SB17.4320</b>
City WINDERMERE	State FL	
Zip Code 32825	Purpose of Disbursement See Memo Entry	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 09	

Full Name (Last, First, Middle Initial) <b>B. Nation Builder</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 25 / 2013
Mailing Address 448 S Hill St Ste 200		Amount of Each Disbursement this Period 208.00 <b>Transaction ID : SB17.4320.0</b> <b>[MEMO ITEM]</b>
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement Website	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) <b>C. PETER VIVALDI</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address 6713 THORNHILL CIRCLE		Amount of Each Disbursement this Period 220.18 <b>Transaction ID : SB17.4278</b>
City WINDERMERE	State FL	
Zip Code 32825	Purpose of Disbursement See Memo Entry	Category/ Type
Candidate Name	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <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).....	428.18
<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 19	
	<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)  
**PETER VIVALDI FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Oceanaire</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 30 / 2013
Mailing Address 9101 International Dr		Amount of Each Disbursement this Period 220.18
City Orlando	State FL Zip Code 32819	
Purpose of Disbursement Meeting Expense	Candidate Name	Transaction ID : SB17.4278.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

Full Name (Last, First, Middle Initial) <b>B. PETER VIVALDI</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 6713 THORNHILL CIRCLE		Amount of Each Disbursement this Period 245.00
City WINDERMERE	State FL Zip Code 32825	
Purpose of Disbursement See Memo Entry	Candidate Name	Transaction ID : SB17.4308
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: FL District: 09	

Full Name (Last, First, Middle Initial) <b>c. Direct Promotionals</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 04 / 2013
Mailing Address 2327 Englert Dr Ste 302		Amount of Each Disbursement this Period 245.00
City Durham	State NC Zip Code 27713	
Purpose of Disbursement Promotional Materials	Candidate Name	Transaction ID : SB17.4308.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	[MEMO ITEM]

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	245.00
<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 18 OF 19	
	<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)  
**PETER VIVALDI FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. PETER VIVALDI</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2013
Mailing Address 6713 THORNHILL CIRCLE		Amount of Each Disbursement this Period 358.00
City WINDERMERE	State FL Zip Code 32825	
Purpose of Disbursement See Memo Entry	Category/Type	<b>Transaction ID : SB17.4312</b>
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: FL District: 09		

Full Name (Last, First, Middle Initial) <b>B. Nation Builder</b>		Date of Disbursement M M / D D / Y Y Y Y 11 / 30 / 2013
Mailing Address 448 S Hill St Ste 200		Amount of Each Disbursement this Period 358.00
City Los Angeles	State CA Zip Code 90013	
Purpose of Disbursement Website	Category/Type	<b>Transaction ID : SB17.4312.0</b>
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	<b>[MEMO ITEM]</b>
State: District:		

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

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	358.00
<b>TOTAL</b> This Period (last page this line number only).....	17533.07

**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 19 OF 19			
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a <input type="checkbox"/> 18 <input type="checkbox"/> 20b <input type="checkbox"/> 19a <input type="checkbox"/> 20c <input type="checkbox"/> 19b <input type="checkbox"/> 21				

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NAME OF COMMITTEE (In Full)  
**PETER VIVALDI FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. Francisco Ortiz</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2013
Mailing Address 5410 County Fair Ct		Amount of Each Disbursement this Period 600.00 <b>Transaction ID : SB20A.4329</b>
City Oviedo	State FL Zip Code 32765	
Purpose of Disbursement Refund	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>B.</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	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>C.</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	Category/Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	600.00
<b>TOTAL</b> This Period (last page this line number only).....	600.00