

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
LUIS FERNANDEZ FOR CONGRESS

ADDRESS (number and street) 12864 BISCAYNE BLVD #445
 Check if different than previously reported. (ACC) NORTH MIAMI FL 33181

2. **FEC IDENTIFICATION NUMBER** C C00557116 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
FL 24

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 M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 04 / 01 / 2014 through M M / D D / Y Y Y Y 06 / 30 / 2014

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 Adrian Sierra
Signature of Treasurer Adrian Sierra *[Electronically Filed]* Date M M / D D / Y Y Y Y 07 / 14 / 2014

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

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

LUIS FERNANDEZ 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))....	0.00	0.00
(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)).....	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	9742.55	9742.55
(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)).....	9742.55	9742.55
8. Cash on Hand at Close of Reporting Period (from Line 27).....	274.60	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	10017.15	

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

LUIS FERNANDEZ 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).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(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))..	0.00	0.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	10017.15	10017.15
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	10017.15	10017.15
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	10017.15	10017.15

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	9742.55	9742.55
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. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	9742.55	9742.55

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10017.15
25. SUBTOTAL (add Line 23 and Line 24).....	10017.15
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	9742.55
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	274.60

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

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

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
LUIS FERNANDEZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LUIS E FERNANDEZ

Mailing Address 12864 BISCAYNE BLVD #445

City NORTH MIAMI	State FL	Zip Code 33181
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H4FL24025

Name of Employer United Parcel Service	Occupation Driver
---	----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 4017.15

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 14 / 2014

Transaction ID : SA13A.4101

Amount of Each Receipt this Period
 _____ 4017.15

Campaign materials

B. Full Name (Last, First, Middle Initial)
LUIS E FERNANDEZ

Mailing Address 12864 BISCAYNE BLVD #445

City NORTH MIAMI	State FL	Zip Code 33181
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H4FL24025

Name of Employer United Parcel Service	Occupation Driver
---	----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 8017.15

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 04 / 28 / 2014

Transaction ID : SA13A.4102

Amount of Each Receipt this Period
 _____ 4000.00

Campaign materials

C. Full Name (Last, First, Middle Initial)
LUIS E FERNANDEZ

Mailing Address 12864 BISCAYNE BLVD #445

City NORTH MIAMI	State FL	Zip Code 33181
---------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** H4FL24025

Name of Employer United Parcel Service	Occupation Driver
---	----------------------

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
 _____ 9017.15

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 23 / 2014

Transaction ID : SA13A.4103

Amount of Each Receipt this Period
 _____ 1000.00

Campaign materials

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

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

_____ 9017.15

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 13
	<input type="checkbox"/> 11a 12 <input checked="" 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)
LUIS FERNANDEZ FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
LUIS E FERNANDEZ

Mailing Address 12864 BISCAYNE BLVD #445

City NORTH MIAMI State FL Zip Code 33181

FEC ID number of contributing federal political committee. **C** H4FL24025

Name of Employer United Parcel Service Occupation Driver

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date 10017.15

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 20 / 2014

Transaction ID : SA13A.4104

Amount of Each Receipt this Period
 1000.00

Campaign promotional materials

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

1000.00

10017.15

**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 7 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LUIS FERNANDEZ FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Action		Date of Disbursement M M / D D / Y Y Y Y 05 / 22 / 2014
Mailing Address 415 NW 28TH ST		Amount of Each Disbursement this Period 700.85
City MIAMI State FL Zip Code 33127	Category/Type	
Purpose of Disbursement Campaign T-Shirts	Candidate Name LUIS FERNANDEZ FOR CONGRESS	Transaction ID : SB17.4119
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. BISCAYNE TIMES		Date of Disbursement M M / D D / Y Y Y Y 05 / 23 / 2014
Mailing Address P.O BOX 370566		Amount of Each Disbursement this Period 665.00
City MIAMI State FL Zip Code 33127	Category/Type	
Purpose of Disbursement Campaign Advertising Page	Candidate Name LUIS FERNANDEZ FOR CONGRESS	Transaction ID : SB17.4121
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. BISCAYNE TIMES		Date of Disbursement M M / D D / Y Y Y Y 06 / 23 / 2014
Mailing Address P.O BOX 370566		Amount of Each Disbursement this Period 665.00
City MIAMI State FL Zip Code 33127	Category/Type	
Purpose of Disbursement Campaign Advertising Page	Candidate Name LUIS FERNANDEZ FOR CONGRESS	Transaction ID : SB17.4122
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: FL District: 24	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	2030.85
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 13	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
LUIS FERNANDEZ FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Club Flyers		Date of Disbursement M M / D D / Y Y Y Y 04 / 10 / 2014
Mailing Address 2300 NW 7TH AVE		Amount of Each Disbursement this Period 208.28
City MIAMI State FL Zip Code 33127	Purpose of Disbursement Campaign Postcards	
Candidate Name LUIS FERNANDEZ FOR CONGRESS		Transaction ID : SB17.4117
Office Sought: <input checked="" 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: FL District: 24	Category/Type	

Full Name (Last, First, Middle Initial) B. Division Of Elections		Date of Disbursement M M / D D / Y Y Y Y 05 / 02 / 2014
Mailing Address 500 South Bronough ST		Amount of Each Disbursement this Period 6960.00
City Tallahassee State FL Zip Code 32399	Purpose of Disbursement Qualifying Fee	
Candidate Name LUIS FERNANDEZ FOR CONGRESS		Transaction ID : SB17.4124
Office Sought: <input checked="" 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: FL District: 24	Category/Type	

Full Name (Last, First, Middle Initial) c. Wells Fargo		Date of Disbursement M M / D D / Y Y Y Y 05 / 01 / 2014
Mailing Address 1798 NE MIAMI GARDENS DR		Amount of Each Disbursement this Period 150.00
City NORTH MIAMI BEACH State FL Zip Code 33179	Purpose of Disbursement Business account transfer to savings	
Candidate Name		Transaction ID : SB17.4114
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:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	7318.28
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 13		
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21			

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NAME OF COMMITTEE (In Full)
LUIS FERNANDEZ FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Wells Fargo		Date of Disbursement M M / D D / Y Y Y Y 06 / 02 / 2014
Mailing Address 1798 NE MIAMI GARDENS DR		Amount of Each Disbursement this Period 150.00
City NORTH MIAMI BEACH	State FL Zip Code 33179	
Purpose of Disbursement Business account transfer to savings	Category/Type	Transaction ID : SB17.4115
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.		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:		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <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:		

SUBTOTAL of Disbursements This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	9499.13

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4101**
LUIS FERNANDEZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) LUIS E FERNANDEZ	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 12864 BISCAYNE BLVD #445		

City	State	ZIP Code
NORTH MIAMI	FL	33181

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4017.15	0.00	4017.15

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04 / 14 / 2014	1/1/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	4017.15
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full) **Transaction ID : SC/10.4102**
LUIS FERNANDEZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial) LUIS E FERNANDEZ	[PERSONAL FUNDS]	Election: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address 12864 BISCAYNE BLVD #445		

City	State	ZIP Code
NORTH MIAMI	FL	33181

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
4000.00	0.00	4000.00

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
04 / 28 / 2014	1/1/2015	0.00 % (apr)	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	4000.00
TOTALS This Period (last page in this line only).....	▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

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

FOR LINE NUMBER:
(check only one)

13a
 13b

NAME OF COMMITTEE (In Full)

Transaction ID : SC/10.4103

LUIS FERNANDEZ FOR CONGRESS

LOAN SOURCE Full Name (Last, First, Middle Initial)

[PERSONAL FUNDS]

Election: 2014

LUIS E FERNANDEZ

Primary
 General
 Other (specify) ▼

Mailing Address

12864 BISCAYNE BLVD #445

City

State

ZIP Code

NORTH MIAMI

FL

33181

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

1000.00

0.00

1000.00

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

05

23

2014

1/1/2015

0.00

% (apr)

Yes

No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)..... ▶

1000.00

TOTALS This Period (last page in this line only)..... ▶

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3)
LOANS

NAME OF COMMITTEE (In Full) **LUIS FERNANDEZ FOR CONGRESS** Transaction ID : **SC/10.4104**

LOAN SOURCE Full Name (Last, First, Middle Initial) **[PERSONAL FUNDS]** Election: 2014
LUIS E FERNANDEZ Primary
 Mailing Address 12864 BISCAYNE BLVD #445 General
 Other (specify) ▼

City State ZIP Code
 NORTH MIAMI FL 33181

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
1000.00	0.00	1000.00

TERMS Date Incurred Date Due Interest Rate Secured:
 06 / 20 / 2014 M M / D D / 1/1/2015 Y 0.00 % (apr) Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....	▶	1000.00
TOTALS This Period (last page in this line only).....	▶	10017.15

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.