

**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)

917 Verona Street

Check if different than previously reported. (ACC)

KISSIMMEE

FL

34741

2. FEC IDENTIFICATION NUMBER ▼

C C00510982

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 Bernie Mapili

Signature of Treasurer Bernie Mapili

[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

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
MELENDEZ FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	1425.00	95810.24
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	1425.00	95810.24
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	19029.53	64236.83
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	19029.53	64236.83
8. Cash on Hand at Close of Reporting Period (from Line 27).....	31573.41	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

MELENDEZ FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 01 / 2012 To: M M / D D / Y Y Y Y 07 / 25 / 2012

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	1425.00	81370.24
(ii) Unitemized.....	0.00	13440.00
(iii) TOTAL of contributions from individuals ▶	1425.00	94810.24
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	1000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1425.00	95810.24
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	1425.00	95810.24

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	19029.53	64236.83
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) ►	19029.53	64236.83

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	49177.94
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1425.00
25. SUBTOTAL (add Line 23 and Line 24).....	50602.94
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19029.53
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	31573.41

**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 18
	<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	

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)
MELENDEZ FOR CONGRESS

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

Mailing Address 1201 S. Orange Ave #400

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

Name of Employer Moore, Stephens	Occupation Account
-------------------------------------	-----------------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

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

Transaction ID : SA11AI.4738

Amount of Each Receipt this Period
500.00

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

Mailing Address 436 Fairway Pointe Circle

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

Name of Employer H&R Block	Occupation
-------------------------------	------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

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

Transaction ID : SA11AI.4750

Amount of Each Receipt this Period
50.00

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

Mailing Address 10436 Riva Ridge Trail

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

Name of Employer TriQuint Semiconductor	Occupation
--	------------

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

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

Transaction ID : SA11AI.4748

Amount of Each Receipt this Period
50.00

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

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

600.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 18
	<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) A. N Carrasquillo		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 15 / 2012
Mailing Address 10096 Fenrose Terrace		Transaction ID : SA11AI.4740
City Orlando	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer Federal Government	Occupation Agent	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00	

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

Full Name (Last, First, Middle Initial) C. Richard Dunn		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 01 / 2012
Mailing Address 2536 Corbyton Ct		Transaction ID : SA11AI.4688
City Orlando	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
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 100.00	

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 18
	<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)
Richard Dunn

Mailing Address 2536 Corbyton Ct

City Orlando State FL Zip Code 32828

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 **200.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 01 / 2012

Transaction ID : SA11AI.4743

Amount of Each Receipt this Period
100.00

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

Mailing Address 13644 Crystal River Dr

City Orlando State FL Zip Code 32828

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

Name of Employer Unemployed Occupation Defense Systems Project Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **25.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2012

Transaction ID : SA11AI.4690

Amount of Each Receipt this Period
25.00

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

Mailing Address 13644 Crystal River Dr

City Orlando State FL Zip Code 32828

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

Name of Employer Unemployed Occupation Defense Systems Project Manager

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **50.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 09 / 2012

Transaction ID : SA11AI.4745

Amount of Each Receipt this Period
25.00

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

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

150.00

**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 18
	<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) A. Apryle Jackson		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 12 / 2012
Mailing Address 14 Wagon Circle		Transaction ID : SA11AI.4739
City Kissimmee	State FL	Zip Code 34743
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Osceola County School District	Occupation Teacher	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00	

Full Name (Last, First, Middle Initial) B. Jorge Lima		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 25 / 2012
Mailing Address 3322 N Street, NW		Transaction ID : SA11AI.4754
City Washington	State DC	Zip Code 20007
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 50.00	
Name of Employer Puerto Rico Federal Affairs	Occupation	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 50.00	

Full Name (Last, First, Middle Initial) C. Daniel Matthews		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 23 / 2012
Mailing Address 12621 Beltingle Court		Transaction ID : SA11AI.4752
City Orlando	State FL	Zip Code 32837
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 25.00	
Name of Employer Orlando Health	Occupation	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 25.00	

SUBTOTAL of Receipts This Page (optional).....	125.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 18
	<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) A. Jim Meyer		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 05 / 2012
Mailing Address 2542 Wingsorgate Ln		Transaction ID : SA11AI.4689
City Orlando	State FL	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer JTM Consulting	Occupation Consultant	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 25.00	

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

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

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

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

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

FOR LINE NUMBER: PAGE 10 OF 18
(check only one)
 11a 11b 11c 11d
 12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)
MELENDEZ FOR CONGRESS

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

Mailing Address 536 Spring Lake Dr

City State Zip Code
Melbourne FL 32940

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

Name of Employer Occupation
Arty Pagan Insurance Agency Insurance Agent

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 01 2012

Transaction ID : SA11AI.4742

Amount of Each Receipt this Period
100.00

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

Mailing Address 13644 Crystal River Drive

City State Zip Code
Orlando FL 32828

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

Name of Employer Occupation

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
50.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 13 2012

Transaction ID : SA11AI.4746

Amount of Each Receipt this Period
50.00

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 / 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).....

150.00

1425.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 18			
	<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) A. Jon Arguello			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012		
Mailing Address 1728 Boat Launch Rd			Amount of Each Disbursement this Period 500.00		
City Kissimmee	State FL	Zip Code 34746	Transaction ID : SB17.4780		
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Jon Arguello			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012		
Mailing Address 1728 Boat Launch Rd			Amount of Each Disbursement this Period 500.00		
City Kissimmee	State FL	Zip Code 34746	Transaction ID : SB17.4781		
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) c. Jon Arguello			Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2012		
Mailing Address 1728 Boat Launch Rd			Amount of Each Disbursement this Period 500.00		
City Kissimmee	State FL	Zip Code 34746	Transaction ID : SB17.4802		
Purpose of Disbursement		Category/ Type			
Candidate Name					
Office Sought:	House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 12 OF 18	
	<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) A. Cunningham's Inc		Date of Disbursement M M / D D / Y Y Y Y 07 / 10 / 2012
Mailing Address 106 Church Street		Amount of Each Disbursement this Period 10135.18 Transaction ID : SB17.4793
City Kissimmee	State FL	
Zip Code 34741	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Cunningham's Inc		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012
Mailing Address 106 Church Street		Amount of Each Disbursement this Period 313.51 Transaction ID : SB17.4799
City Kissimmee	State FL	
Zip Code 34741	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Patrick Darin		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 4096 Winterwood Ct		Amount of Each Disbursement this Period 300.00 Transaction ID : SB17.4784
City Orlando	State FL	
Zip Code 32812	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	10748.69
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 18			
	<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) A. Patrick Darin		Date of Disbursement M M / D D / Y Y Y Y 07 / 20 / 2012
Mailing Address 4096 Winterwood Ct		Amount of Each Disbursement this Period 500.00
City Orlando	State FL Zip Code 32812	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4805
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. Gravis Marketing		Date of Disbursement M M / D D / Y Y Y Y 07 / 12 / 2012
Mailing Address 910 Belle Ave 1042		Amount of Each Disbursement this Period 2500.00
City Winter Springs	State FL Zip Code 32708	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4796
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

Full Name (Last, First, Middle Initial) c. Orange County Young Republicans		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address Best Efforts - Mailer sent to Obtain info on 7.5.12		Amount of Each Disbursement this Period 250.00
City	State Zip Code	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4806
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	3250.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 14 OF 18	
	<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) A. Orange County Young Republicans		Date of Disbursement M M / D D / Y Y Y Y 07 / 23 / 2012
Mailing Address Best Efforts - Mailer sent to Obtain info on 7.5.12		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.4808
City	State Zip Code	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Javier Rejon		Date of Disbursement M M / D D / Y Y Y Y 07 / 13 / 2012
Mailing Address 3150 Stowe St #103		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB17.4798
City	State Zip Code	
Orlando	FL 32835	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. St. Cloud Chamber of Commerce		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012
Mailing Address 1200 New York Ave		Amount of Each Disbursement this Period 225.00 Transaction ID : SB17.4813
City	State Zip Code	
St. Cloud	FL 34769	
Purpose of Disbursement	Category/Type	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1475.00
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 15 OF 18		
	<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) A. Staples		Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2012
Mailing Address 2774 E. Colonial Dr		Amount of Each Disbursement this Period 253.14
City Orlando	State FL	
Zip Code 32803	Purpose of Disbursement	Transaction ID : SB17.4803
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Staples		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012
Mailing Address 2774 E. Colonial Dr		Amount of Each Disbursement this Period 24.60
City Orlando	State FL	
Zip Code 32803	Purpose of Disbursement	Transaction ID : SB17.4819
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. United States Post Office		Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2012
Mailing Address 300 N. New York Ave		Amount of Each Disbursement this Period 300.00
City Winter Park	State FL	
Zip Code 32792	Purpose of Disbursement	Transaction ID : SB17.4782
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	577.74
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 16 OF 18			
	<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) A. United States Post Office		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 300 N. New York Ave		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.4785
City Winter Park	State FL	
Zip Code 32792	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. United States Post Office		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 300 N. New York Ave		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.4786
City Winter Park	State FL	
Zip Code 32792	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. United States Post Office		Date of Disbursement M M / D D / Y Y Y Y 07 / 05 / 2012
Mailing Address 300 N. New York Ave		Amount of Each Disbursement this Period 45.00 Transaction ID : SB17.4787
City Winter Park	State FL	
Zip Code 32792	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2012	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	395.00
TOTAL This Period (last page this line number only).....	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

FOR LINE NUMBER: (check only one)
Use separate schedule(s) for each category of the Detailed Summary Page
[17] [18] [19a] [19b]
[20a] [20b] [20c] [21]

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NAME OF COMMITTEE (In Full)
MELENDEZ FOR CONGRESS

A. United States Post Office
Full Name (Last, First, Middle Initial)
Mailing Address 300 N. New York Ave
City Winter Park State FL Zip Code 32792
Purpose of Disbursement
Candidate Name
Office Sought: House Senate President
Disbursement For: 2012
[] Primary [] General
[] Other (specify)
State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 11 / 2012
Amount of Each Disbursement this Period
100.00
Transaction ID : SB17.4795
Category/ Type

B. United States Post Office
Full Name (Last, First, Middle Initial)
Mailing Address 300 N. New York Ave
City Winter Park State FL Zip Code 32792
Purpose of Disbursement
Candidate Name
Office Sought: House Senate President
Disbursement For: 2012
[] Primary [] General
[] Other (specify)
State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 25 / 2012
Amount of Each Disbursement this Period
250.00
Transaction ID : SB17.4820
Category/ Type

c. Vertical Response, Inc
Full Name (Last, First, Middle Initial)
Mailing Address 50 Beale St #10th Floor
City San Francisco State CA Zip Code 94105
Purpose of Disbursement
Candidate Name
Office Sought: House Senate President
Disbursement For: 2012
[] Primary [] General
[] Other (specify)
State: District:

Date of Disbursement
M M / D D / Y Y Y Y
07 / 24 / 2012
Amount of Each Disbursement this Period
72.00
Transaction ID : SB17.4815
Category/ Type

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

422.00

**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 18 OF 18			
	<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) A. www.polkgop.org		Date of Disbursement M M / D D / Y Y Y Y 07 / 24 / 2012
Mailing Address PO Box 1794		Amount of Each Disbursement this Period 275.00
City Winter Haven	State FL Zip Code 33882	
Purpose of Disbursement	Candidate Name	Transaction ID : SB17.4811
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

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

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

SUBTOTAL of Disbursements This Page (optional).....	275.00
TOTAL This Period (last page this line number only).....	18643.43